mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

TION is very important.

Exact statement of OCCUPA.

SIND	ERMA
ARGIN RESERVED FOR BIND	NG INK-THIS IS A PE
ARGIN	WITH UNFADIN
4. 5. INC. 1	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMA
	Z

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH	11104
1. PLACE OF DEATH	
County Carroll Registration Dist, No.	74
Village or City Sylesinle Mary and (If death occurred in a hospital or institution, give its NAME instead of	St. Ward
Length of residence in city or town where deeth occurredyrs	ds.
2. FULL NAME Olice N. alband	
(a) Residence: No. Ward. (Usual place of abode) St., Ward.	or town and State
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF D	
3, SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH	
Varied (Month) (Day	, 193 4 (Year)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of Searcher E. albangle 22 I HEREBY CERTIFY. Thet	
	, 19.3.4; deeth is said
7. AGE Yeers Months Deys If LESS than to have occurred on the date stated above, at 4:45 P. m.	, 15.22_T; deeth is said
72 10 35 I day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Impo	rtance
9 Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	6-21-34
year) occupation year	
Other Contributary Causes of importance: (State or country) Other Contributary Causes of importance:	
E 13. NAME Standburt	
13. NAME Standard Shandhard Neme of operation Neme of operation	Date of
What tast confirmed diagnosis?	s thara an autopsy?
15. MAIDEN NAME 15. MAIDEN NAME 23. If death was due to external ceusas (VIOL ENCE) fill In also the solution of the solutio	
(Stata or country) Where did injury occur? (Specify city or town, country) Specify whether injury occurred In INDUSTRY, in HOME, or in (Address)	nty and State) PUBLIC PLACE,
18. BURIAL, CREMATION, OR REMOVAL Menner of injury Nature of injury Nature of injury	***************************************
19. UNDERTAKER & C. Vijstov 24. Was disease or injury in any way related to occupation of da (Addiess) Association of the control of the cont	caasad?
20. FILED MAY. 1234 CHary Male (Signed) M. Lusquica Beyere Registrar. (Address) Suggestible My	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II		
The principal cause of importance were as	f death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclcrosis	RECEIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	DSC 4 15.4	July 5,1927	Peritonitis	3 days ago	
	BLOEVE A. C.				
Other contributory ca	uses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

V. S. No. 1 N. B.

SIAIE OF MARYLAND—	CERTIFICATE OF DEATH 11165
County Carroll	Registration Dist. No. 8/
Village or City June 1911 Bridge	No. March St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residance in city or town where death occurred	
2. FULL NAME John W. A Joans	e fr
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3, SEX 4. COLOR OR RACE/ 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
Male Warsh, Marguette winter	November 9, 193 4 (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBANO of (or)_WIFE-of Wolle & albaugh	22. I HEREBY CERTIFY, That ! attended deceased from august 1/ 1934 to November 9 1934
6. DATE OF BIRTH (month, day, and year)	Hast sww hour alive on November 9 134 death is sale
7. AGE Years Months // Days If LESS than	to have occurred on the date stated above, at 3
4/ 3 // 9 f day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance ware as follows: Oate of onest
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Sanoura-Retroperitorust ?
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 1. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
yaar) Africa decupation	Other Contributory Causes of Importance:
12. BfRTHPLACE (city or town) (Stata or country)	
13. NAME Joines J. Wangh	none
14. BIRTHPLACE (city or town)	What test confirmed diagno solusial. I was there an autopsy? 266.
15. MAIDEN NAME HOTO TO THE SALE	23. If death was due to axternal causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or compley)	Accident, sulcida, or homicide? Date of injury, 19, Whare did injury occur?
17. INFORMANT Molle & Albrigh	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Bester Dans Chypates Most 11, 1934	Nature of injury
19. UNDERTAKER DA Danisler & Sorgs (Address)	24. Was disease or injury in any way related to occupation of deceased? 720
20. FILEO MA (Oc., 1934 Celehman)	(Signed) (as I March M. C. (Address) Flew Willow M. C.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	1	Example II	140
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
WIREAU V.	j t		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

S. No. 1

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	WR	matio	AU	TION
No. 1	1	m	Ö	L
Zi Vi	B	1	1	-
>	Z	1		

1. PLACE OF DEATH	152
	Registration Dist. No. 76
Village or City Wintminister	No. // William St., Wa (If death occurred in a hospital or institution, give its NAME instead of street and number)
7 .	los. A ds. How long in U.S. If of foreign birth? yrs mos.
2. FULL NAME Kieliard N. Bu	llingslea
(a) Residence: No. // Willis (Usual place of abode)	SI, Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Mute 5. SINGLE, MARRIFD, WIOOWED, OR DIVORCED (write the word)	21. DATE OF DEATH November 24, 1934 (Month) (Day) (Year)
a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased f 2 weeks 2 ask 19 to New 2 4 and 19 3
10:00	last saw has alive on 19. 10. 24° 19.37; death is:
DATE OF BIRTH (month, day, and year) July 20, 1934. AGE Years Months Oays If LESS than	to have occurred on the date stated above, at . 4 9. m.
) (1 1 day,hr	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows: Date of on
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	a heurs, palate and
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and spent in this	Chrain.
year) occupation	Other Contributory Causes of Importance: Cleaning Bransluting 2 ye
(State or country)	
13. NAME Kopert Al Billingsler	
13. NAME Arbest Albillingslea 14. BIRTHPLACE (city or town) (State or country) Manyland	Name of operation Date of What tast confirmed diagnosis?
15. MAIDEN NAME Mariauna albangle	23. If death was due to external causas (VIOL ENCE) fill in etso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury
(State or country)	Where did injury occur? (Specify city or town, county and State)
7. INFORMANT Konget X. Bullingsleag. (Address) Westmingles XX	Spacify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place / flotiminates Date Mr. 2-5 , 19.3.	
9. UNDERTAKER J. Francis Kesse	24. Was disease or injury In any way related to occupation of deceased?
10. FILED 1/124 19 32 PMCerood 1	(Signad) CTBellengalea

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	M1 1000	Other contributory causes of importance:	
Guiswies	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	R FURTHER	STATEMENTS	BY	PHYSICIAN
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	-CERTIFICATE OF DEATH
County Carrol COMPORATE LIMITS GO	76
	Registration Dist. No.
Village or City Westminister	No. St., Ward If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of rasidence in city or town where death occurredyrsmo	os
1 A N	0. W J
(a) Residence: No. // 2 /- (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED, WIDOWED, OR DIVORCED (write the word) 5a. If marriad, widowad, or divorcad HUSBAND of	21. DATE OF DEATH (Month) (Day) (Year)
(or) WIFE of Ephriam Bish	22. OPCIONE 28,1934, to May 4 1934
6. DATE OF BIRTH (month, day, and year) May 9 - 1848	I last saw harmalive on 193 C death is said
7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date stated abova, atom.
86 5 45 ormin.	The PRINCIPAL CAUSE OF DEATH and ralated causas of importance ware as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc	Fell down Plannag at 20
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Dato deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation crupation	neplanto afz
	Other Contributory Causes of importanca:
12. BIRTHPLACE (city or town) (State or country)	Cieule Cardiac
	101.4 1934
13. NAME Jacob Fleser 14. BIRTHPLACE (city or town) (State or country) M	Name of operation Date of What test confirmed diagnosis?
15. MAIDEN NAME & ligabeth bryers.	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accidant, suicida, or homicide?
17. INFORMANT Orthur Bucks (Address) /12 Penn. avi. Sustminister Ind.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Vilver Run Gem. Data & Ov. > ,1934	Manner of injury
19. UNDERTAKENT Sankeard Son (Address) & estiminister And	24. Was disease or injury In any way related to occupation of dacaased? If so, specify
20. FILED Registrar.	(Addrass) A Salama Los Ma. M. D. S. Po. S. Po. S. No. S.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUDEAU V. B.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

1. PLACE OF, DEATH	low
County Carroll Go	Registration Dist. No.
Village or City Finksburg	ND. St., Ware (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	nosds. How long in U.S. if of foreign blrth?yrsmosds
(a) Residence: No. New Funfabring (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (2011/15 the word)	21. DATE OF DEATH (Month) (Day) (Mar)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bloom.	22. I HEREBY CERTIFY, That I attended daceased from
6. DATE OF BIRTH (month, day, and year) Jan 17 1856	1 1 1 1 1 1 1 1 1 1
7. AGE Years Months Days If LESS than 1 day,h	
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	Gulyour more
No. Triad, profession, or particular, and the second of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, Housewill SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and year)	Dither Contributory Coace of importance:
12. BIRTHPLACE (city or town) Garroll Co. (Stata or country)	Dilher Contributory Class of importance:
13. NAME John J. Helwig 14. BIRTHPLACE (city or town)	
(State or country)	What test confirmed diagnosis? Chy Signa 9 Sy Was there an aulopsy?
15. MAIDEN NAME Manguest of Winter 16. BIRTHPLACE (city or town) 6 and Co	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?
2 (State or country) 17. INFORMANTHAL for some (Address) Finhering M. d.	Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL Place: Finhabury Cam Date Mov. 7, 193	Manner of injury
19. UNDERTAKER & Flature + Sono (Address) pustistour md	24. Was disaasa or injury in any way related to occupation of deceased?
20. FILED 1 15 1982 La Consolie Registrat.	(Signed) W. Telena Speicher M. (Address) Well with the Medical Control of the Medical Contr

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

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	LA	plu	D	TION is very important. See instructions on back of certificate.
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	BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	2-4
			por "	R

STATE OF	MARYLAND-	-CERTIFIC	ATE	OF	DEATH
			100		

1	L PLACE OF DEATH	ı	1 1/1/ (1)		93-2	,
	County Carro	11			Registration Dist. No.	
-	Village or City Spri	ingfiel	d Stat	e Hospita	1. NGykesville, Md. St., death occurred in a hospital or institution, give its NAME instead of street and num	Ward
-	Length of residence in city of	or town where de	ath occurred	5 yrs 0 mos	death occurred in a hospital or institution, give its NAME instead of street and num. 18 ds. How long in U.S. if of foreign birth?	ber) ds.
:	2. FULL NAME UT	banus	M. Bow	ersox		
gelleur	(a) Residence: No. Ur	niontow	m, Mar (Usual place		St., Ward. If nonresident give city or town and Sta	te
_	PERSONAL AND	STATISTIC	CAL PART	CULARS	MEDICAL CERTIFICATE OF DEATH	
3.	Male Whi			RIED, WIDOWED, D (write tha word) 1. ed.	21. DATE OF DEATH November (Month) (Day)	34 (Year)
5e.	If marriad, widowed, or divorcad HUSBAND of	d			22. I HEREBY CERT1FY, That I ettanded decr	CELL TO THE
	(or) WIFE of Sara	ah I. ?			May 27 19 31, to November 9	
6.	DATE OF BIRTH (month, day, en	nd veer) Ja	nuarv	16. 1858		
	AGE Yeers	Months	Deys	If LESS then	to heve occurred on the data steted ebova, et 7 : . 55 _ m.	ratin is said
	76	9	22	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were es follows:	715
z	1 a 7 1 11 11 11	ular			De de la contraction de la con	ate of enset
OCCUPATION	kind of work done, as S SAWYER, BOOKKEEPER		y Labo	rer	Paralysis Agitans	
PA	9. Industry or business in wh work wes done, as SILK SAW MILL, BANK, etc	nich K MILL,	To m		Prior to August 1930	
22	SAW MILL, BANK, etc 10. Date deceesad last worked		Farm	ime (yeers)	Decubitus Ulcer	
ŏ	this occupetion (month year)	end	spe	ntin this Life	Nov. 1	1934
		1000			Other Contributory Causes of Importenca:	
12.	(Stete or country)	Mary	land		Conomol Antoniogolomogia	
œ	13. NAME George			Bowersox	General Arteriosclerosis Chronic Myocarditis Prior to	
FATHER			sylvan			0.8-
FA	14. BIRTHPLACE (city or town) (State or country)		DATAGII	T.C.	What test confirmed diagnosis? Autopsy Wes there are nauton	Voc
2	15. MAIDEN NAME Mar	v Cone	nhager			osy?⊥⊑⊊
MOTHER		Down	sylvan	ia	23. If death wes due to external ceuses (VIOLENCE) fill in elso the following:	
MO	16. BIRTHPLACE (city or town) (Stata or country)				Accident, suicide, or homicide? Date of injury Where did injury occur?	., 19
	INFORMANT. Hospit	ol Doo	0730		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.	
17.			Svkesv	ille. Md.	openis another injury occurred in INDOSTRI, in nome, of in Podelic Peace.	
18.	BURIAL, CREMATION, OR REMO			T	Manner of Injury	
	Plece Unionten	my Jakera	Date KA	120,1934	Neture of Injury	
19.	UNDERTAKER & O. F. 11	untla	n		24. Was disease or injury In any way related to occupation of deceased? N	2
	(Address) Jane	yboun	mod		If so, specify	
20.	FILED MAY 9, 19	3400	Han	4 Muer	(Signed) for d. Welhered	M. D.
				Registrar.	(Address) & Shape I July Ville, Mile	4.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUDIAL V S.	11			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Brain did not show arterios cleroses. There was bilateral catical atrophy in the frontal loves; original cause of strophy not yet determined.

1/11/11/11/11/11/11

ST IN

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. E	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICI	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact stater	TION is very important. See instructions on back of certificate.	
J. BWRITE PL.	mation shoul	CAUSE OF	TION is very)
4	-		"	ø

very item of infornent of OCCUPA-

STAT	E OF MAR	YLAND-	CERTIFICATE OF DEATH	1171
1. PLACE OF DEATH			831	11:
County Carry	el		Registration Dist. No	7-
Village or City Ay	kesviele	(1	No. Down speld State Ar petal St., If death occurred in a hospital or institution, give its NAME instead of street and	Ward
Length of residence in city or tow	n where death occurred	yrs. 7 mo	sds. How long in U.S. if of foreign birth?yrsm	losds
2. FULL NAME HOW	ard Brigge	rman		
(a) Residence: No.	Baltimon,		a Battimone Md	
(2) 11001001100. 110.	(Usual place	of abode)	If nonresident give city or town and	l State
PERSONAL AND ST	ATISTICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR R Male Shite		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH Whenher 5th (Month) (Day)	, 193 /4 (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of			22. I HEREBY CERTIFY, That I ettended July 23th 1930 to homewhen 5	deceased from
6. DATE OF BIRTH (month, day, end year	ar) march 310	- 1915	Hast sawh Man alive on Chove when 54, 1934	
7. AGE Years M	onths Days	If LESS than 1 day,hrs. ormin.	to have occurred on the dete steted above, et 12.55 Pm. The PRINCIPAL CAUSE OF DEATH end releted causes of importence were as follows:	
8. Trade, profession, or particuler kind of work done, as SPIN SAWYER, BOOKKEEPER, etc.	NER, none	7 0000000000000000000000000000000000000	Tuvenile Leneral Paralisis	Prior 4
kind of work done, as SPIN SAWYER, BOOKKEEPER, etc 9. Industry or business in which work wes done, as SILK MII SAW MILL, BANK, etc		(of the Insane	1930
10. Date deceased last worked at this occupetion (month end year)	11. Total ti sper occu	me (years) nt in this pation	- V	
12. BIRTHPLACE (city or town)	kuvon maryland		Other Contributory Causes of Importance:	**
13. NAME & dward	Briggerman			
13. NAME & dward 14. BIRTHPLACE (city or town) (State or country)	Unknown Maryland	-	Name of operation None Neurological argument Laboratory funding What test confirmed diagnosis? Was there are:	autopsy? ho
15. MAIDEN NAME Curry 16. BIRTHPLACE (city or town)	1		23. If death was due to external causes (VIOLENCE) fill In elso the following	
O 16. BIRTHPLACE (city or town) (Stete or country)	Unknow		Accident, suicide, or homicide? Date of injury	, 19
17. INFORMANT Army freed (Address)	state Hospita	7	Where did injury occur? (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ne) ACE.
18. BURIAL, CREMATION, OR REMOVAL	y kesville. mo		Manner of injury	
Place Holy Cros	O Date M	18 ,1934	Menner of injury	
19. UNDERTAKER Mare (Address)	yard & Fl	you	24. Was disease or injury in any way related to occupation of deceased?	
20. FILED HOL 5, 1934	CHarry	Meek Registrar.	(Signed) John M. Morris (Address) (S.S.H.) Dykewille. Ma	M. E
	If more blanks are needed, a	ddress State Registrar,	2411 N. Charles Street, Ballimore, Requesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Example I			Example II		
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	I and a second	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1 2 1	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	2000	July 5, 1927	Peritonitis	3 days ago	
	7601 (I VON			
Other contributory causes of impor	tance:	OL - 10 V	Other contributory causes of importance:		
Gallstones	A SAM	May 1,1923	Gastroenteritis	1 year	

Exact statement of OCCUPA.

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TION is very important. See instructions on back of certificate.

SIAIL OF MARYLAN 1. PLACE OF DEATH	(16)
County Amel	Registration Dist. No.
Village or City Mear Gent Um	
Village of City	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredys	mosds. How long in U.S. If of foreign birth?yrsmos
2. FULL NAME Lawrence Ced	rand Boy Mill
(a) Residence: No.	St Word
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX OR OR MACE SINGLE, MARRIED, WIDOV OR DIVORCED (write the w	
While Colored	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceased from Nov. 24 1964 to Nov. 26 195
DATE OF PIRTH (POST) AND STATE OF PIRTH (POST)	1 min see see see
6. DATE OF BIRTH (month, day, and yeer) 7. AGE Years Months Days If LESS	130 _
2 10 1 day,	hrs. The PRINCIPAL CAUSE OF DEATH and releted causes of importance
8. Trade, profession, or particular	In. Were as follows: Date of on
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	allele Vilianyelitis Kod. 3
5. Industry or business in which	
work wes done, es SILK MILL, SAW MILL, BANK, etc	
10. Data deceased last worked at this occupation (month and spant in this	
year) occupation occupation	Other Contributory Causes of importance:
2. BIRTHPLACE (city or town) Carrol Co. N.	d.
(State or country)	
13. NAME AND ANOUND AND PROPERTY OF THE PROPER	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an au opsy?20
15. MAIDEN NAME Selen Bright	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Helen Bright 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
7. INFORMANT Heller Brightfull	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) All Winds	All of
18. BURIAL, CREMATION OR REMOVAL	Manner of injury
Plece TVIA UNY Cup Date TVA 45, 1	967 Nature of injury
9. UNDERTAKER () a) Harbler	Was disease or injury In any way related to occupation of deceased? 720.
(Address) Ment Word of	If so, specify
20, FILED ON 29 134 Marce & Benedie	(Signed) M. M.
Regis	rar. (Address) The William of The

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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E	xample I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis Date of CEIV			The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	DEC to Line	July 5, 1927	Peritonitis	3 days ago
		1		
Other contributory causes	of importance:	- Line	Other contributory causes of importance:	
Gallstones	E There is	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 ARGIN RESERVED FOR BINDING N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-	Y. PHYSICIANS short	Exact statement of OC	
PLAINLY, WITH UNFADING INK—THIS	stated EXACTL	properly classified.	ertificate.
PLAINLY,	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	TION is very important. See instructions on back of certificate.
V. S. No. 1 N. B.—WRITE	n should be care	USE OF DEATH in	ON is very importan

	S	TATE C	OF MAR	YLAND-	CERTIFICATE OF DEATH	1173
1	PLACE OF DEA	TH		-	(108)	/
	County Carr				Registration Dist. No.	6
	Village or City	Smallwo	od, - R.	F.D.#6.We	St., f death occurred in a hospital or institution, give its NAME instead of street an	Ward
	Length of residence in c	rity or town where		0 (1	t death occurred in a hospital or institution, give its NAME instead of street an second but the long in U.S. if of foreign birth?yrsyrs	d number) mos ds.
2	FULL NAME					
	(a) Residence: No.					
			(Usual place	of abode)	St., Ward. If nonresident give city or town a	nd State
	PERSONAL AN				MEDICAL CERTIFICATE OF DEATH	
3. S	Male W	hite		RIED, WIDOWED. O (write the word) Cied	21. DATE OF DEATH November, 21, (Month) (Day)	, 193
	If married, widowed, or dividual HUSBAND of Factors Factors	nnie M.	Brown		22. HEREBY CERTIFY, That i attende	134
	ATE OF BIRTH (month, da		879-2-2			£; death is said
7. A	GE Years	Months	Days	if LESS than 1 day,hrs.	to have occurred on the date stated above, at .: 55pm.	
Z	8. Trade, profession, or p	articular	1 19	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
	kind of work done, SAWYER, BOOKKEI	EPER, etc	Farn	19Y	1/ %	11-16-3
UPA	9. Industry or business in work was done, as SAW MILL, BANK,	n which SILK MILL.		Cheller At-	.,,	//
OCCUPATION	10. Date deceased last wo this occupation (mo year)	rked at 1.1./8		me (years) it in this pation		
12.	BIRTHPLACE (city or town)	Carro	11 Co.		Other Contributory Gauss of importance:	
_	(State or country)	Monn				
ER	13. NAME	Nelson				
FAIHER	14. BIRTHPLACE (city or to (Stete or country)	own) Car Mary	roll Co land		Name of operation Date of What test confirmed diegnosis? Was there as	
<u>ا</u> د	15. MAIDEN NAME	Ellen M	aus		23. If death was due to external causes (VIOLENCE) fill in also the following	
MOTHER	16. BIRTHPLACE (city or to (Stete or country)	,	oll Co.		Accident, suicide, or homicide? Date of Injury Where did injury occur?	, 19
17.	NFORMANT Mrs. (Address) R.F.I		M.Brown		(Specify city or town, county and Si Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC F	ate) LACE.
18.	BURIAL, CREMATION, OR F		None	01 71	Manner of Injury	
	Place Liver Ri	an Lemil	DeteOV.		Nature of injury.	
19.	UNDERTAKER	M. Wa	Ond,		24. Was disease or injury in any way related to occupation of deceased?	
20.	FILED \$1/22.	19 Jap 7	Rec	Registrar.	(Signed) W. C. Sermelle (Address) Whatmanh	and M.D.
		If more	blanks are needed, a	ddress State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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Example I	- 1	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	1. PLACE OF DEATH	(L7)
	County Children	Registration Dist. No.
١,	Village or Chy 2007 Della Village or Chy 2007	CNo. St., Ward
	Length of residence in city or town where death occurred was mos	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
	2. FULL NAME TOWN Sordy	n & Torola,
1	Was I think	Gt. Destand
	(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. CORON OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
	5a. If married, widowed, or diverced, HUSBAND of (or) WIFE of MANUEL SMOKE	22. I HEREBY CERTIFY, That I attended deceased from
e.	6. DATE OF BIRTH (month, day for ward)	i last saw h palive on 2007, 193 4, death is said
certificate	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
rti	33 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were follows:
	8 Trade, profession, or particular kind of work done, as SPINNER.	(Ille houd mille)
k of	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, et C., M. M. C. SAWYER, BOOKKEEPER, et C., M. C. SAWYER, BOOKKEEPER, BOO	Head And In
back	work was doge, a SILK MIL!	My mullianon
on	10. Date deceased ast worked at this occupation (pronth and)	A STATE OF THE STA
	this occupation (month and spant in this spant in this corupation)	Other Contributory Causes of Importance;
ctio	12. BIRTHPLACE (city or town)	
See instructions	(State coupling)	
i.	II 13. NAM JOSEPH TOURISMS POUR	
See	14. BIRYMPIACE (city or town)	Name of operation Date of
	W 15. MAIDEN NAME 1 / 9 WWW.	What test confirmed diagnosis? Was there an autopsy?
important.	= /// //	23. If death was due to external cadses (VIOLENCE) fill in also the following: Accident, suicide, or homicide FALLE Batasof profit 7 1994
por	State or country)	Where did injury occur? Amm Sull 2nd
	THEODINANT POR NETAL	(Specify city or town, county and State) Specify whether injury occurred in NDUSTRY, in HOME, or in PUBLIC PLACE.
very	17. INFORMANT (Address) June Ville not	and mes . "
IS V	18. BURIAL, CREMATION OR PEMOVAL DO	Manner of injury McCCC Thing my can
	Place U1 W 19 Jan Date 11 1 20, 1934	Nature of injury.
LION	19. UNDERTAKER TO THE THE TOTAL OF THE	24. Was disease or injury in any way related to occupation of deceased?
-	(Midress) Zanutowa 1994	If so, specify
)	20. FILED NOT NV., 1934 () Lose of The Registrar.	(Signed) (Address) Andrew (Address) (Address)
	If more blanks are needed, address Shate Registrar.	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SUDEAU V. S	ı i		
Other contributory causes of importance:		Other contributory causes of importance:	7 11 12 19 1
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.—I

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11175
(/0	82-20
County Variable	Registration Dist, No.
Village or City Wear Joneylason	No. St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurred_ Z/yrsmo	
2. FULL NAME Sarry D. Ola	whough
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED ("write the word) Sungle	21. DATE OF DEATH (Month) (Oay) (Year)
5a. If merried, widowed, or divorced HUSBAND of	
(or) WIFE of	1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) July 4 1863	i last saw have alive on 10 10 1934; death is sall
7. AGE Years Month Days If LESS than	to have occurred on the date stated above, at
7 / 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, farmer SAWYER, BOOKKEEPER, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceesed last worked at	
SAW MILL, BANK, etc.	
10. Oate decesed last worked at this occupation (month and 119/54 year) 11. Total time (years) spent in this occupation	
Wen 7	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town).	Certesionalerous (
Tues 7 1 + 1	
(State or country)	Name of operation Onte of
	What test confirmed diagnosis?
Juan 7.	23. If death was due to external causes (VIOLENCE) fill in also the following:
Stete or country)	Accident, suicide, or homicide?
le pe le l	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT LEO Lagrangio (Address)	Specify whether injury occurred in INDUSTRY, III NOME, OF IN PUBLIC PLACE.
18. BURIAL, CREMAJION, OR REMOVAL	Menner of injury
Place Ameritaria hed Oate 11/14, 1934	Nature of Injury
10 HAMPEDTAKED & Porto Windeled	24. Wes disease or injury In any wey releted to occupetion of deceased?
19. UNDERTAKER (Address) 9/4 tremount and Battimase	If so, specify
20. FILEO MOV 13, 1934 Ethel M. Meling.	(Signed) . (Address) . (Address) . (Address) . (Address) . (Address)
	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	of OCCUPA-	
N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	. PHYSICIAN	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
PERMANENT	EXACTLY	rly classified.	cate.
S IS A	e stated	e prope	f certific
INK-THI	should be	it may be	on back of
UNFADING	upplied. AGE	terms, so that	TION is very important. See instructions on back of certificate.
LY, WITH	carefully s	TH in plain	portant. Se
RITE PLAIN	ion should be	USE OF DEA	N is very im
N. BW.	mat	CAI	OIT I

	PLACE OF DEA				(130)	St., Ward its NAME instead of street and number) birth?
	County				Registration Dist. No	
	Village or €ity—	Takefie	ld,-R.F.	D. Westm	ng Noer, St., f death occurred in a hospital or institution, give its NAME instead of street and number	
	Length of residence in	city or town where	deeth occurred	^	sds. How long in U.S. if of foreign birth?yrsmos	ds.
2.	FULL NAME	Daniel	J. Crumb	acker		
	(a) Residence: Np.		Wakefi	eld,Má.	St., Ward.	
	DEDCOMALA	ID OTATIO		re of abode)	If nonresident give city or town and State	е
3. SI	PERSONAL A	OR OR RACE		RRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH	
	Male W	hite	OR DIVORC	ED (write the word)	November, 12, 19	34. (Yeer)
5a. I	f merried, widowed, or div HUSBAND of (or) WIEE of 18 1		B.Crum	backer.	22. HEREBY CERTIFY, Thet I attended dece	ased from
6 D	ATE OF BIRTH (month, d	av end year) 7 8	340-2-20		3/	eath is seid
7. A		Months	Deys	If LESS than	to heve occurred on the date stated above, et 7:100.m.	
	85	8	22	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:	ate of onset
No	8. Trede, profession, or kind of work done	particuler , as SPINNER,	Farmer,	(retired)	Generalized arterio Delensis	
ATI	SAWYER, BOOKKE	EPER, etc in which	4 114 111 04 9	71 antrom	- Chrone Wphritis - !	933
CUPATI	work wes done, es SAW MILL, BANK	SILK MILL.				
ö	10. Date deceased last w this occupetion (m	orked at 191	- [Sp	time (yeers) pent in this		
- 1	yeer)	~	Oc	cupetion	Other Contributory Causes of Importence:	
12. 1	BIRTHPLACE (city or town (Stete or country)		ll Co.		-	
œ			mbacker	,		
⋥ -		Cor	roll Co		Neme of operation Date of	
FAT	14. BIRTHPLACE (city or (State or country)		ryland		Whet test confirmed diegnosis?	15v7 24
ER I	15. MAIDEN NAME	Elizabe	th Kins	sey	23. If deeth was due to externel causes (VIDL ENCE) fill in also the following:	7031
MOTHE	16. BIRTHPLACE (city or	town) Fre	ederick	Co.	Accident, suicide, or homicide? Dete of injury	., 19
Σ	(State or country	Ma	rvland		Where did injury occur?	
17. 1	NFORMANT D. Ma	rshall 5.Westm	Grumbac	ker,	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18, [BURIAL, CREMATION, OR	REMOVAL			Manner of injury	
	Plecel pa Cre	ek Cemt	J. Dete No	v.15, 19.34	Neture of injury	
19. (UNDERTAKER	Minifi	eld, m	2;	24. Wes diseese or injury in eny way related to occupation of deceesed?	0
				1/1//	V . 1 //A	

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ompeau V.	E .		
Other contributory causes of importance:	. y married to second	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

1	County C	F DEATH	mar	yland To	uberculo olored h	ranch 23 Registration Dist. No. 74	
	Village or C	UO	nryton	, Maryla	and.		Ward
	Length of res	idence in city	or town where	deeth occurred	O 4	It death occurred in a hospital or institution, give its NAME instead of street and numb	er)
2	FULL NA	3.0		t Edith			
•					St., Ba	to ost., Md . Ward. If nonresident give city or town and State	e
	PERSON	AL AND	STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. \$	ex Female	4. COLOR		5. SINGLE, MAR OR DIVORCEI Separa	RIED, WIDOWED, D (write the word) ted	21. DATE OF DEATH NOV., 5, 1934. (Month) (Day)	3(Year)
5a.	If married, widow HUSBAND of (or) WIFE of			aniels		227/6/34 HEREBY CERTIFY. That 3 attended dece	
6. F	ATE OF RIRTH	(month day a	and year) Se	pt., 20	, 1914	er Nov 5 1934	ath is sai
7. A	GE Yes		Months	Deys	If LESS than	to have occurred on the date stated above, at 2.00 m. M.	te ol onse
OCCUPATION	9. Industry or work wa SAW MII	business in v s done, as SIL LL, BANK, etc	which G		k ime (years) of in this		933
12.	BIRTHPLACE (ci	.,,	Baltin Maryl	nore,		Other Contributory Causes of Importance:	
23	13. NAME	C3	arence	Jackson	n		
FATHER	14. BIRTHPLACI	E (city or town	Unkno	wn ginia		Name of operation Date of Date of What test confirmed diagnosis? Was there an autop	sv?
끮	15. MAIDEN NA		dith F			23. If death wes due to externel causes (VIOLENCE) fill in also the following:	
MOTHER	16. BIRTHPLACI	E (city or town r country)	n) Balt Ma	imore, ryland.		Accident, suicide, or homicide? Date of injury, 19	
17.	INFORMANT			Teill, M		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18.	BURIAL, CREMAT	TION, OR RE			9 ,19 5	Manner of injury	
19.	UNDERTAKER (Address)	Jam	18/M	Glose	2 / Non	24. Was disease or injury in any way related to occupation of deceased?	- 60
20	FILED 11/5	5/34 19	John	V. 6. C	Rece	(Signed) Thus o' Mell	e _{M.}

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Le Le La	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARKIERING	CERTIFICATE OF BEATTI
1. PLACE OF DEATH	107:00
County Danoll	Registration Dist, No. /
1	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign blith?yrsmosds
Length of residence in city or town where death occurred	as. How long in 0.5.11 of foleign births:
2. FULL NAME Catherine Hannah	Devis
(a) Residence: No. Mar Maturiuster (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR BACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (variet the word)	21. DATE OF DEATH (Month) 27 (Vaar)
the married, widowed, or divorced HUSBAND of Cor. WIFE of Elias M. Davis	22. NOV. 1994, to Nov. 27, 19 8
DATE OF BIRTH (month, day, and year) July 13, 1851	t tast saw h aliva on Por 1 2 , 1934, daath Is sai
AGE Years Months Days If LESS than	to have occurred on the data stated above, at Om.
83 4 14 14 or min.	The PRINCIPAL CAUSE OF DEATH and related causas of importance were as yollows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Week Broughts 1114.
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data dacased task worked et this occupation (month and spent in this	Broncho foreneonia 1/19
10. Data dacased tast worked et this occupation (month and year)	
	Other Contributory Causes of Importance:
2. BtRTHPLACE (city or town) (State or country) (Mandand	Muterallatation 1/25
13. NAME Shatish Bowers 14. BIRTHPLACE (city or town)	1) Heart 1
14. BIRTHPLACE (city or town)	Name of operation
(State or country)	What test confirmed diagnosis? Was there an autopsyl.
15. MAIDEN NAME Susan Triggell	23. If death was due to axternal causas (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicida, or homicida?Oata of injury19
(State or country)	Where did Injury occur? (Specify city or town, county and State)
7. INFORMANT MISS Fassisce Buckingham (Address) Westminster Way	Specify whather Injury occurred in INOUSTRY, in HOME, or in PUBLic PLACE.
8. BURIAL, CREMATION, OR REMOVAL Place Smallword, Majore Nov. 29, 1934	Manner of injury
9. UNOERTAKER J. Transcis Luse J. (Address) Mentury Land	24. Wes disease or injury in any way related to occupation of deceesed?
0. FILED 11/28 1932 Illivodis	(Signed) (Signed) M.

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BUREAU V &			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

LION

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	1 5	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

RESERVED

ARGIN

(Year)

Oate of onset

(Oay)

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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Cerebral hemorrhage	July 5, 1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Exact statement of OCCUPA-

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11181
1. PLACE OF DEATH	
County Carroll	Registration Dist. No.
Village or City Dear Daney Cown	NoSt.,Ward
(If Length of residence in city or town where death occurred	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsds.
76 1 11 20	L 1
	04 W1
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word) Married M	21. DATE OF DEATH NO 5 H
5a. If married, widowed, or diversed HUSBAND of	
(01) HITE OF Della Fringle	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Seht 14, 01870	I last saw have alive on ///// 5 7t 1984 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et 3. /4. P.m.
64 1 22 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or perticular kind of work done, as SPINNER.	0 1 1 11
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, atc 10. Oata deceased last worked at this occupation (month and	Butal Hemorrhage Norsa
work was done, as SILK MILL, SAW MILL, BANK, atc.	0 . 1934
10. Oata deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Carrall	Other Cantributory Causes of importance:
(State or country)	artente Schows & f
13. NAME Wartherfor Fringle	
13. NAME (Northurfox Fringle 14. BIRTHPLACE (city or town). 14. State or country)	Neme of operation Data of
(State of Country)	What tast confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME JOUCH WORLD 16. BIRTHPLACE (city or town) 16. Strategy or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
Man Mandage 11 History	Whars did injury occur? (Specify city or town, county and State)
(Address) Janes town my	Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Principle truck Stathrands Nov 7, 1934	Manner of injury
19. UNOERTAKER OD TUSA Son	24. Was disease or injury in any way related to occupation of deceased?
20. FILED / 50. 7 , 1934 Mary 18. Will	(Signad) G.M. Benner M.D. (Addrass) Quality M.D.
If more blanks are needed addies Side Prairie	(Audrass)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923		1 year
	,		

1	item	sho	of (
ARGIN RESERVED FOR BINDING	N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS sho	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of	
	ORD.	HYSI	stat	
	REC	. P	Exact	
5	ENT	FLY	ed.	
TO I	MAN	A C	assifi	
PIL	PER	EX	ly cl	ate
TO E	V SI	tated	roper	TION is your important See instructions on harb of cortificate
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V. W. No. 1	1-1	ma	CA	TIL
ri .	N. H			

(It death occurred in a horpital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred	STATE OF MARYLAND—	CERTIFICATE OF DEATH 11182
Village or City Lease 1 No. Length of residence in city or Iown where death occurred. Length of residence in city or Iown where death occurred. 2. FULL NAME 2. FULL NAME (a) Residence: No. (Unsulpinee of abode) St., Ward. If nonresident eive city or town and State PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARKIED, WIDOWED, OR DIVORCED ("write the word) 53. If married, widowed, or divorced HUSBAND of ("Or) Wills For Pinch of the Will of the word of t	1. PLACE OF DEATH	811
Length of residence in city or town where death occurred yrs mos ds. How long in U.S. If of foreign birth? yrs mos ds. How long in U.S. If of foreign birth? yrs mos ds. How long in U.S. If of foreign birth? yrs mos ds. How long in U.S. If of foreign birth? yrs mos ds. How long in U.S. If of foreign birth? yrs mos ds. How long in U.S. If of foreign birth? yrs mos ds. How long in U.S. If of foreign birth? yrs mos ds. How long in U.S. If of foreign birth? yrs mos ds. How long in U.S. If of foreign birth? yrs mos was which long in U.S. If of foreign birth? yrs mos was which long in U.S. If of foreign birth? yrs mos was	County Carrel	Registration Dist. No.
Length of residence in city or lown where death occurred		
(a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINCLE, MARRIED, WIDOWED, OR DIVORCED (variet the word) OR DIVORCED (variet the word) 5. If married, wildowed, or divorced HUSBARD of (variet the word) 7. AGE Years Months O O O I Julia 8. Trace, protection, or particular Months, day, and year) Not work was done, as SIN MILL, SAW MILL, SA		
PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINCLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 6. DATE OF DEATH 22. I HEREBY CERTIFY, That I attended decessed from the properties of the properties	2. FULL NAME Donald Juray	
PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINCLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 6. DATE OF DEATH 22. I HEREBY CERTIFY, That I attended decessed from the properties of the properties	(a) Residence: No.	St., Ward.
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word) 5. If married, wildowd, or divorced HUSBAND of (or) WIFE of (or)		If nonresident give city or town and State
Sa. If married, widowed, or divorced HUSA/NE of Co.) Will ed (1) 5. DATE OF BIRTH (month, day, and year) //		
HUSBAND of (or) WIFE of 8. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days II LESS than I day, his. or min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWTER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILN MILL, SAW MILL, BARK, etc. 10. Date decessed last worked at this occupation (month and part) work was done, as SILN MILL, SAW MILL, BARK, etc. 11. State or country) 12. BIRTHPLACE (city or town). (State or country) 13. NAME SAWD, GAWD 14. BIRTHPLACE (city or town). (State or country) 15. BIRTHPLACE (city or town). (State or country) 16. BIRTHPLACE (city or town). (State or country) 17. INFORMANT ALLY ALLY ALLY ALLY ALLY ALLY ALLY ALL	OR DIVORCE (write the word)	// // /93 4
S. Trade. Pears Months Days If LESS than I day hrs. or min. Note of the profession or particular kind of work done, as SPINRR, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAMYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAMYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAMYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAMYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAMYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAMYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAMYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAMYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAMYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAMYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAMYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAMYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAMYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAMYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAMYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAMYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAMYER, BOOKKEPER, etc. 9. Industry or business in which work was follows: 10. Date deceased lask worked at the profession in the delated of the profession in the delated of the profession of th	HUSBAND of	
7. AGE Years Months Days II LESS than I day. hrs. or I min. 8. Trade, profession, or particular kind of work done, as SPINNER, SWAYER, BOKKEPER, etc. 9. Industry or business in which work day were as follows:	E DATE OF DIPTH (month day and war) 11-11-3V	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKEEPER, etc. 9. Industry or business in which work was done, as SPINNER, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) (State or country) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Manner of Injury Nature	7. AGE Years Months Days If LESS than I day, O hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? Was there an autopsy? 33. If death was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide? Obecify or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Manner of Injury Nature of Injury Nature of Injury	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lask worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country)	Other Contributory Canses of importance:
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(Specify city or town, county and State) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL (Address) 19. Company occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. Manner of Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. Nature of Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.	(State of country)	What test confirmed diagnosis? Was there an autopsy?
18. BURIAL, CREMATION, OR REMOVAL Place Factories form Date Nov. // 19.34 Nature of Injury Nature of Injury	17. INFORMANT Mayoret of Furn	Accident, suicide, or homicide? Date of injury, 19
	18. BURIAL, CREMATION, OR REMOVAL	
(Address)		24. Was disease or Injury In any wey related to occupation of deceased?
20. FILED WY 1934 Lul 2 Registrar. (Address) LUDW NWJ 9 M		

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BUIDDAN			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Plece_

(Address)

19. UNDERTAKER

20. FILED.

17. INFORMANT. (Address)

OCCUPATION

FATHER

MOTHER

	Registration Dist. No. No. St., Ward death occurred in a harpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos. ds.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH (Month) (Dey) (Year)
HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, dey, and year) 7. AGE Yeers Months Deys If LESS then 1 dey,hrs. orhrs. orhrs. SAWYER, BDOKKEFER, etc.	1 HEREBY CERTIFY. Thet I attended deceased from 19 19 10 19 19 19 19 19 19 19 19 19 19 19 19 19
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(Stete or country) 13. NAME Roy Mumber 14. BIRTHPLACE (city or town) (State or country)	Neme of operation Date of Whet test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Harrie Energy 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Ruy Humbre	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?

18. BURIAL, CREMATION OR REMOVAL Manner of injury Neture of injury. 24. Was disease or injury in any way releted to occupation of deceased? Registrar. (Address) ______ If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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		KECHASA	
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			1

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. B.	11		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1	1	
1)
7	1	
	1	

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(47)
County Carroll	Registration Dist. No.
Village or City Greenville	ND. St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?mosds.
2. FULL NAME Minerie & G. Hare.	one long in 0.3.11 of foreign phent
1000000	
(a) Residence: Np. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OD DIVORCED (variet the word)	21. DATE OF DEATH Nov. 3 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jasefule A. G one	22. SHEREBY CERTIFY, That I attended decessed from
6. DATE OF BIRTH (month, day, and year) Selet 19 1867	Hast say her alive on hord 1954; deeth is said
7. AGE Yeers Months Days If LESS than	to have occurred on the date stated above, atm,
67 / 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession or particular kind of work dene, as SPINNER, SAWYER, BOOKKEEPER, etc.	Date of one et
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	
work was done, as SILK MILL, SAW MILL, BANK, etc	aucer of rang
11. Total time (years) this occupation (month and year)	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country)	
13. NAME Jamel Frott	
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME LUNG - Malrou	23. If death wes due to external causes (VIOL ENCE) fill In also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or counly)	Accident, sulcide, or homicide?
17. INFORMANT CASSELL GOLL (Address) Systemville med.	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
18 BURIAL, CREMATION, OR REMOVAL Place Date Mov. 6, 1934	Manner of injury
19. UNDERTAKER Vace Son Due. (Address) Suscionale Mid.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Nov. 5 1934 C. Harry Weer	(Signed) E. Martin M. D.
Registrar.	(Address) Call of Millson Mig.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

The principal cause of death and related causes of importance were as follows: Attack of epilepsy Run over by street car	1 week ago
Run over by street car	-
	1 week ago
7 Peritonitis	3 days ago
Other contributory causes of importance:	
3 Gastroenteritis	1 year
	7 Peritonitis Other contributory causes of importance:

certificate.

See instructions on back of

TION is very important.

19. UNDERTAKER

(Address)

should state

PHYSICIANS Exact statement

of OCCUPA-

	ARYLAND-	CERTIFICATE	OF DEAT	H 32	1186
1. PLACE OF DEATH		(131)		0.5	?
County Carroll			Registration Dis	t. No.	/
Village or City - Woodbine,		No death occurred in a hospital or insti		St.,	Ward
Length of residence in city or town where death occurre	ed 33 yrsmos	death occurred in a horpital or institutionds. How long in U.S. if	of foreign birth?	stead of street and n	umber) sds.
2. FULL NAME David G. Grin	nm.				
(a) Residence: No. Wood	lbine, Md.	St., Ward.	If nonresident give	e city or town and	State
PERSONAL AND STATISTICAL PA	RTICULARS	MEDICAL O	CERTIFICATE C	F DEATH	
OR DIY	MARRIED, WIDOWED. ORCED (write the word)	21. DATE OF DEATH	November,	10,	, 193 4
5a. If marriad, widowad, or divorced HUSBAND of(et)-WIFE-of- Emma J. Gri.mm	• _ _	22. I HEREB Sudden Deat	Y CERTIFY.	That I attended o	deceased from
6. DATE OF BIRTH (month, day, and year) 1866-4.	-26	I last saw h alive on			
7. AGE Years Months Day 68 6 1	1 days how	to have occurred on the date sta The PRINCIPAL CAUSE OF DE/ wera as follows:			Date of onset
8. Trada, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc 10. Date deceased last worked at this occupation (month and year).		Natural C Chronic interstite Abral hemuschegu	Magbritis.	Probably con	
12. BIRTHPLACE (city or town) Howard Co (State or country) Marylane	· 1	Other Coutributory Carles of in	pertensive		
置 13. NAME Mahlon Grimm.		Lab 14	Jaclenosis		
HE 13. NAME Mahlon Grimm. 14. BIRTHPLACE (city or town)? (State or country) Illinois		Name of one of an		Date of	
		23. If death was due to external of			
15. MAIDEN NAME RACHAEL GOS 16. BIRTHPLACE (city or town) Carrol (State or country) Maryl	l Co.	Accident, suicide of omicide?	Date	e of injury	, 19
17. INFORMANT Mrs. Emma J. Grimm (Address) Woodbine, Md.	D.,	Specify whether Injury occurred	in INDUSTRY, in HOME	vn, county and State , or In PUBLIC PLA	CE.
18. BURIAL, CREMATION, OR REMOVAL	Jore 13 34	Manner of Injury	ne		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No.

Registrar.

Co

Nature of Injury

If so, specify (Signed)

(Address)

24. Was disease or injury In any way related to occupation of deceased?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II		
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	RECEIVE	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephr	itis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	DECOMP ICA	July 5,1927	Peritonitis	3 days ago	
	BURNEAU V. C.				
Other contributory can	uses of importance:	1	Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

TION is very important. See instructions on back of certificate.

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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	40
County Carrell	Registration Dist. No.
Village or City Usuan Bridge	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Mrs Rosal Larina Ha	ds. How long in U.S. if of foreign birth?yrsmosds.
(a) Residence: No. (Usualplace of abode)	Mard. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWEO, OR DIVORCED (write the word)	21. DATE OF DEATH
I warrie 2	(Month) (Day) (Year)
5a. If married, widowed, or divorced	, , , , , , , , , , , , , , , , , , , ,
(or) WIFE of Harry W. Harry	22. I HEREBY CERTIFY, That i attended deceased from 1934, to 1/7 1934
6. DATE OF BIRTH (month, day, and year) ALC 11, 18 810	1 1 1 1 1 1 1 1 1 1
7. AGE Years Months Oays INVESS than	to have occurred on the date stated above, at/ &_ m.
5.3 11 6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trada profession or particular	Date of onset
Kind of work dona, as SPINNER SAWYER, BOOKKEEPER, etc. 9. lodustry or business in which work was dona, as SILK Mill., SAW MILL, BANK, atc. 10. Data daceased last worked at this occupation (month and	Larenoma 64s
9. lodustry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc	
SAW MILL, BANK, atc	Stamach)
O this occupation (month and spent in this occupation	
12. BIRTHPLACE (city or town) Trederic Le Co.	Other Contributory Causes of importance:
(State or county)	
13. NAME William Coleman	
14. BIRTHPLACE (city or town) MR	Name of operation Oate of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Mangaret 6. Joseph 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
6 16. BIRTHPLACE (city or town)	Accident, suicida, or homicide?Oate of Injury, 19
State or country)	Where did injury occur?
17. INFORMANT Mr. Harrey a. Harry	(Specify city or town, county and State) Specify whethar injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) 18. BURIAL, CREMATION, OR, REMOVAL	
Place Havalis Date LIV- & 0 19 & C	Mannar of Injury
0007	Natura of injury.
19. UNDERTAKER LO CAMPU CANON (Addrass)	24. Was disease or injury in any way related to occupation of deceased?
Commission of the state of the	(Signed) N. Leag, M.O.
20. FILEO JAN S., 1934 Janes Control	(Signed) M. O. (Address) Lluwy Proper Illd.
If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory eauses of importance: Gallstones Gastroenteritis May 1,1923 1 year

1. PLACE OF DEATH		1860	,
County Canyall		Registration Dist. No.	4
Village or City Sukesmed	10 _ (l)	Not faction filed state Hast factor and reference and research occurred in a horpital or institution, give its NAME instead of street and re	umber)
Length of residence in city or town where d	leath occurred	ds. How long in U.S. if of foreign birth?yrsmo	sds.
2. FULL NAME DELLE	ah fileles	ch ,	
(a) Residence: Now Allengfue	(Usual place of abode)	If nonresident give city or town and	Carre
PERSONAL AND STATISTI		MEDICAL CERTIFICATE OF DEATH	Diale
SEX 4. COLOR OR RACE	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	. 193 4
e. If married, widowed, or divorced	·	(Month) (Dey)	(Yeer)
HUSBAND of alrahas	on Nelchrock	22. I HEREBY CERTIFY, Thet I attended	deceased from
11.	1 11867	June 1, 19/5, to 100 20	, 19.9.5
. DATE OF BIRTH (month, dey, end year) (M AGE Yeers Months	Deys If LESS then	I last saw half elive on to have occurred on the date steted above, at 1.20 fm.	, deeth is sald
67	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importence	
8. Trede, profession, or particular	ormin,	were as follows:	Date of onset
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc	Mane	Endocardeles and	1935
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 1D. Date decessed last worked et		Cardiae Lyperttaphy	
1D. Date deceased last worked et this occupation (month end year)	11. Totel time (yeers) spent in this occupation		
2. BIRTHPLACE (city or town) Ball	fuesta	Other Contributory Causes of Importence:	
(State or country) Marge	and,	Machine left Tumerus	10-26-
14. BIRTHPLACE (city or town)	uleurun.	Neme of operation Date of	
(Stete of country) Acure	con.	Whet test confirmed diagnosis? Wes there an e	utopsy?
15. MAIDEN NAME Muke	our.	23. If death was due to external ceuses (VIOLENCE) fill in elso the following	
16. BIRTHPLACE (city or town) (Stete or country)	ikuom.	Accident, suicide, or homicide? allegand Dale of injury Lo-	26, 19 3 5
7. INFORMANT Nasfactal (Address) Rykinas	Realds	Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLA	CE.
8. BURIAL, CREMATION, OR REMOVAL	m 15 4.	Menner of injury Fractius less humer	ue
17. Mayorys Hampadera	Dete 700 25,1934	Nature of injury result of fall.	
9. UNDERTAKER CHENOCOC (Address) 3615 Thea	the four	24. Was disease or injury in any wey related to occupation of deceesed?	~
7/ 40 -1011	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(Signed) Mand M. Lees	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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	Example I	i	Example II	
The principal cause of importance were a	death and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	2401000	1915	Attack of epilepsy	1 week ago
Chronic interstitial neg	irilis 1992	1921	Run over by street car	1 week ago
Cerebral hemorrhage	NON	July 5,1927	Peritonitis	3 days ago
	CISAL !			
Other contributory ca	auses of importance;		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 1	1159
1. PLACE OF DEATH	93.0	
county Carroll County	Registration Dist. No. 76	1
Village or City Plan Family	NoSt.,	Ward
Length of residance in city or town where death occurredyrsmos	death occurred in a hospital or institution, give its NAME instead of street and ds. How long in U.S. if of foreign birth?yrs	
2. FULL NAME William S. To	Aman	
(a) Residence: No.	St. Ward.	
(Usual place of abode)	If nonresident give city or town an	d State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE Note of the word of diversed or diversed with the word or diversed	21. DATE OF DEATH (Day)	, 193 - (Year)
5a. If married, widowed, or divorced HUSBAND of (or) HIFE-of- Margarett Hoffman	22. I HEREBY CERTIFY, That I attended Out. 20" 1934 to run. 4"	daceasad from
6. DATE OF BIRTH (month, day, and year)	I last saw home aliva on Och. 27 7 1934	a; death is sald
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8 Trade profession or particular	were as follows:	Oate of onset
kind of work dona, as SPINNER, Road Joneman		1044 age
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.		
kind of work done, as SPINNER, Road Joneman SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation occupation	<i>p</i>	
12. BIRTHPLACE (city or town) Baltimore Md;	Other Contributory Causes of importance:	Oct.154
		14,12
13. NAMEC FRECE CER Hoffman 14. BIRTHPLACE (city or town) 14. BIRTHPLACE (city or town)	Name of operation Love, Date of	
(State or country)	What test confirmed diagnosis?	autonsy? 24
15. MAIDEN NAME Arriet Paufma	23. If death was due to external causes (VIOLENCE) fill in also the followin	
15. MAIDEN NAME ANTICE Pacifica 16. BIRTHPLACE (city or town) Boltimore Ma (State or country)	Accident, suicide, or homicide? Data of injury Where did injury occur?	, 19
17. INFORMANT GEOTGE DI Fater son (Address)	(Specify city or town, county and Sta Specify whether injury occurrad In INOUSTRY, in HOME, or in PUBLIC PL	te) .ACE,
18. BURIAL, CREMATION, OR REMOVAL PARK Date Nov 6 1934	Manner of injury	
19. UNDERTAKER William book (Address) & Tyst taue st	24. Was disease or injury in any way related to occupation of deceased?	no
20. FILED 11/4 1934 Files Registrar.	(Signed) C.T. Bullingsle (Address) Westmings	M. D.

11100

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation,

operative," etc. Find In stating the occupation, avoid the use of such indefinite terms as "employee," worker," out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "sore," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill etc.

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronie interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis Julu 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis:	122.	Run over by street car	1 week ago
Cerebral hemorrhage	July 5 1927	Peritonitis	3 days ago
GUSNEATU V			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenterilis	1 year

	BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-		
	ECORD. Every	PHYSICIANS	xact statement		
SINDING	ERMANENT R	EXACTLY.	classified. E	e.	
D FOR D	IIS IS A PI	be stated	be properly	of certificat	
ARGIN RESERVED FOR BINDING	ING INK-TH	AGE should	so that it may	TION is very important. See instructions on back of certificate.	
AKGI	WITH UNFAD	fully supplied.	n plain terms, s	nt. See instruc	
	E PLAINLY,	should be care	OF DEATH i	s very importa	
. 100.1	B.—WRIT	mation	CAUSE	TION i	

	MARYLAND-	-CERTIFICATE OF DEATH 11191
1. PLACE OF DEATH		99-2
County Carroll.) • •	Registration Dist. No.
Village or City Springfield	State Hospit	No. Sykesyille Md St., Ward If death occurred the hospitel or institution, give its NAME instead of street and number)
Length of residence in city or town where death	n occurred Q yrs. 2 m	os. 18. ds. How long in U.S. if of foreign birth?yrs
	KENNARD.	
(a) Residence: No. 1100 Weldo	on Ave., Balti	morse, Maryaliand. If nonresident give city or town and State
PERSONAL AND STATISTICA		MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5.	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed	21. DATE OF DEATH November 28, (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bascom H. Kenn	nard.	22. I HEREBY CERTIFY, That I attended deceased from Sept. 10, 1934, to Nov. 28, 134.
6. DATE OF BIRTH (month, day, and year month) 7. AGE Years Months 85. ?	Days 1 LESS than 1 day,	to have occurred on the date stated above, at 2.55pm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	ousewife.	General Atteriosclerosis Date of one of
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at 10.00 per business worked at 10.00 per bu		
10. Date deceased last worked at this occupation (month and 1927.	11. Total time (years) spant in this occupation	
12. BIRTHPLACE (city or town) (State or country) Queen Anne	s Co., Md.	Other Contributory Causes of importance: Myocardial Decompensation Prior to 9/10/34.
13. NAME William C. Nea	evitt,	
13. NAME WILLIAM C. Nea 14. BIRTHPLACE (city or town) (State or country) Mary	Land.	Name of operation Date of Whet test confirmed diagnosis Clinical Sympsions autopsyNo.
15. MAIDEN NAME Margaret K	Kennard.	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Margaret K 16. BIRTHPLACE (city or town) (State or country) Mary 1	an d	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANTSpringfield Sta		Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18, BURIAL, CREMATION OR REMOVAL	Dat 20131 # 34	Manner of injury
19. UNDERTAKER Address) 22347	Totales 11	24. Was disease or injury in any way related to occupation of deceased? NO.
20. FILED NAV 18 , 1934 CONT.	Registrar.	(Signed) John L. Welherd M. D. Address) Sykesville, Md.
If more blan	ks are needed, address State Registra	r, 2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	50/
County Carroll	Registration Dist. No.
Village or City Westminster	NoSt., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurred	ds. How long in U.S. If of foreign birth?dsds.
2. FULL NAME / Cachael Ilna / C	mmly
(a) Residence: No. 132	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I ettended deceesed from
(or) WIFE of William Rimmey	MNC. 1 - 1934 to New 184 1934
6. DATE OF BIRTH (month, day, and year) Mar. 12 . 1868	I last sew have alive on w. 181 1934; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
66 8 6 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Cursing 9 Breast about
SAWYER, BOOKKEEPER, etc.	0 18 mo
work was done, as SILK MILL, SAW MILL, BANK, etc.	ago 1
10. Oate deceased last worked at this occupation (month and spant in this	
year) occupation	Other Contributory Causes of importance
12. BIRTHPLACE (city or town)	metastion to lung
I 13. NAME Wm. H. Hook	6 , , 4 2 3
13. NAME WM. H. Hooke 14. BIRTHPLACE (city or town) (State or country)	Name of operation Access removed Oate of
T (State of Country) X//U1.	What test confirmed diagnosis? Zak. Was there an au'opsy?
15. MAIDEN NAME Mary Pelse	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Mary Pelse 16. BIRTHPLACE (city or town)	Accident, suicide, or homizide?
State or country)	Where did injury occur?
17. INFORMANT Marie Kimmen	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Mustminsler Erm Date (10. 2), 1934	Nature of injury
19. UNDERTAKER ABankardton (Address) Westminster (Md.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 1/25 , 19 Police October Registrar.	(Signed) C. L. Allling M. D. (Address) Westward and
If more blanks are needed, address State Registrat,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

CTATE OF MADVI AND

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Example I		Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
SUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

STATE	OF	MARYI	AND-	CERTIF	CATE	OF	DEATH
SIMIL	OL	MALIF	UNIA.	CLIVIII	CAIL	OI	DEAII

1.	PLACE OF DEAT	ТН			82:00	
	County Carrol	11			Registration Dist. No.	
	Village or City $T \in \mathcal{I}$				No. St.	Ward
			deeth occurred		ff death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmos	
2.	FULL NAME SE	emuel S	.Lamber t			
	(a) Residence: No				St., Ward.	
			(Usual place		If nonresident give city or town and State	
	PERSONAL AN				MEDICAL CERTIFICATE OF DEATH	
3. SI	Male whi	R OR RACE		RfED, WfDOWED, D (write tha word)	21. DATE OF DEATH (Month) (Day) (Ye	34
5a. I	f marriad, widowad, or divo	orced				
	(or) WIFE of Ida.	.M.Lamb	er t		22. I HEREBY CERTIFY, That I attended decease	-
6. D	ATE OF BIRTH (month, day	y, and yaar)	t.24,185	চ্চ	I last saw him alive on 11-12-, 1934; death	is said
7. A	GE Yaars	Months	Days	If LESS than I day,hrs.	to have occurred on the date stated above, at	
1	76	10	20	ormin.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance were as follows:	forest
NOI	8. Trada, profession, or pa kind of work dona, SAWYER, BOOKKEE	articular as SPINNER, PER, etc	Retired	Farmer	aportolery	
OCCUPATION	9. Industry or business in work was done, as S SAW MILL, BANK, o	n which SILK MILL, etc				
8	10. Date deceased last wor this occupation (more year)	nth and	spei	ime (yeers) nt In this upation		
12. 1	BIRTHPLACE (city or town) (State or country)		Md.		Other Contributery Causes of Importance:	
œ		Tambaa	4			
FATHER	13. NAME Jacob	Lamber	<u> </u>			
FAT	14. BIRTHPLACE (city or to (State or country)	own)	_Md		Name of operation	
œ	15. MAIDEN NAME CA	thenine	Voore		Whet test confirmed diagnosis? Was there en autopsy?	
H -	15. MAIDEN NAME COL	CHATINE	Toons		23. If death was due to external causes (VIOL ENCE) fill in also tha following:	
MOTHER	16. BIRTHPLACE (city or to (State or country)	own)	M.C	1	Accident, suicide, or homicide?, 19 Where did Injury occur?, 19	
17. 1	NFORMANT LLOYA	S. Lamb	ert n, ma.		(Specify city or town, county and State) Spacify whather injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.	
18. 1	BURIAL, CREMATION, OR R	d Taney	town No	ov.15 ₁₉ 34	Menner of Injury Natura of Injury	
19. (JNOERTAKER OO (Address)	2 anes	Gun Sa	ma.	24. Was disaase or Injury in any way releted to occupation of deceased?	
20. 1	TILED NOV 15	1934. Eth	elmm.	elimedi al Regionar.	(Signed) T. M. Lega (Addrass) Murry Bridge M	.M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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	STATE (OF MAR	YLAND-	CERTIFICATE OF DEATH	1154	
1. PLACE OF	F DEATH			97)		
CountyC	arroll			Registration Dist. No.	74	
Village or C	ity Sylesuil	le_		No. Springhold State How: 60 st	Ward	
Length of rasi	denca in city or town whera	death occurred	1 yrs 8 mos	f death occurred in a hospital or institution, give its NAME instead of street and its	number)	
2. FULL NAI	0	C .	V 00	şus. How long in 0.5. if of foreign dirth?yrsme	osds.	
(a) Residen		y	J. B. O			
(a) Resident	ce. no. 3 - 0	(Usual piace	e of abode)	St., Ward. If nonresident give city or town and	State	
	AL AND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	District	
Servale	4. COLOR OR RACE	OR DIVORCE	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH (Month) (Day)	, 193 4	
5e. If merriad, widow HUSBAND of (or) WIFE of	ed, or divorcad	ubun -		22. I HEREBY CERTIFY, That I attended	dacased from	
(01) 111 2 01				May 7 , 1933, 10 1 member 3		
	month, day, end year) Fo	Suary 1	6,1852	I lest saw h. en alive on Movember 2 , 1924		
7. AGE Yaar	A /	Days	If LESS than I day,hrs.	to have occurred on the data stated above, at 3.45P m.		
/		17	ormin.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance ware as follows:	Data of onsat	
8. Trade, profas:	sion, or particular ork done, as SPINNER, BOOKKEEPER, atc	0.			Date of onsat	
9. Industry or b	ousiness in which	,/95	<u>a</u>	Unteriorderous	1921	
SAW MILI	done, as SILK MILL, L, BANK, etc					
O 10. Date decease this occup yaar)	ation (month and	spa	ima (years) nt In this upation			
12. BIRTHPLACE (city	vortown) QQ1	^		Other Contributory Causes of importance:		
(Stata or count	2 0 0 0 cm	nois				
13. NAME	H.R. El	bring				
13. NAME 14. BIRTHPLACE	(city or town)	-1		Name of operation		
(Stata of t		MANAM	М.	What tast confirmed diagnosis? Was there an au	utonsv?	
15. MAIDEN NAN	ME	inley	1	23. If daath was due to externel causas (VIOLENCE) fill in also the following:		
15. MAIDEN NAN				Accidant, suicida, or homicida? Dete of injury		
≥ (State or	country)	ferma	my	Where did injury occur?		
17. INFORMANT (Addrass)	Syleside	ouls ma	\	(Specify city or town, county and State Spacify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.	
18. BURIAL, CREMATI	ON, OR REMOVAL	. Tall	v 1- 21/	Mannar of Injury		
C Plant State	world Co	Date 7	9 ,102	Neture of Injury		
19. UNDERTAKER(Addiess)	Listuston	in ma		24. Was disaasa or Injury in any way related to occupation of dacaasad?		
20. FILED NO	V.V.1934-C	Have	Negistrar.	(Signad) M. Vinginia Beyer (Address) Sukesville Md	M. D.	
	If more	blanks are needed, a	ddress State Registrar, :	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.		

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	Example II	
S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

of OCCUPA-

Exact statement

County	Carroll			Colo	red Branch 2 Registration Dist. No. 74	_
Village or	city Henryto	n, Mar	ryla		NoSt.,	Ward
length of r	seldence in city or town wh	ore death secur	rad	O vrs 7 mss	death occurred in a hospital or institution, give its NAME instead of street and 25ds. How long in U.S. il ol foreign birth?m	number)
						0503.
	AME Sarah					
(a) Resid	ence: No. 1205 I		re.,		Wigte Ward. If nonresident give city or town and	C
PERSO	NAL AND STATE				MEDICAL CERTIFICATE OF DEATH	State
3. SEX	4. COLOR OR RACE			HED, WIDOWED,	21. DATE OF DEATH	
Female	Colored	OR D		(write the word)	Nov., 15, 1934.	, 193
5a. If married, wid	lowed, or divorced	1 TATEST T	110	<u>u</u>	(Month) (Day)	(Yeer)
HUSBANO of (or) WIFE oI	Rich	ard Li	inds	ay,	22. I HEREBY CERTIFY, The I attended	
		-	-	7.00		19494
	H (month, day, and year)			1897	Hast saw her alive on Nov., 15, 1934,	_; death is said
	Years Months	100	ays	I LESS (han I day,hrs.	to have occurred on the date stated above, at 11.30 m.P.W.	
	37 5		1	or/min.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	Data of onset
8. Trade, pro	ofession, or particular of work done, as SPINNER	House	wif	e	Pulmonary Tuberculosis	Nov.
SAWYI	LR, DOORRELFER, EG	110 000	7 (1 1.2			1933
work v	or business in which was done, as SILK MILL, MILL, BANK, etc					
U IO. Dete dece	eased last worked at	11	. Total ti	ne (years)		
this oc year)	cupation (month and		U	in this n		-
12. BIRTHPLACE	(aituartawa) Havr	narket.			Other Coutributory Causes of Importance:	
(State or co		irgin				-
II III III	David Ball.					
13. NAME 14. BIRTHPLA	CE (aity or town)	2222	71-1	known,	Name of operation	-1
(State	CE (city or town)	ginia	K-P-K-K	1:20000	What test confirmed diagnosis? Was there an a	autonous 71 st
	Comol	Thoma	as,		23. If death was due to external causes (VIDLENCE) fill in also the Tollowing	
15. MAIOEN I	CE (situ or town)	????? /	1/1	morow,	Accident, suicide, or homicide?	117
State	or country) Vire	inia	1		Where did injury occur?	45
17 14 700 447	John E.	O'Nei	11.	M. D.	(Specify city or town, county and Stat Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PL	e)
17. INFORMANT (Address)	Henryto					NVL.
18. BURIAL, CREM	ATION OR REMOVAL	<i>A</i>	~	10	Manner ol injury	
Place M	M. Calvary 1	Eur Oete	- Us	w. / 8, 1934	Nature of injury	
10 HADEDTAKED	Mis ges H.	H100	march	S	24. Was disease or injury in eny way related to occupation of decoased?	74
(Address)	116 BI Drew	d hie	e a	ref_	If so, specify	. J
20. FILEO 11/		m/ F	19	Prin	(Signed) Mw 6.070	elle M. D.
ZU, FILEU.T.T.Z.:		anuty]	1000	7 Registrar.	(Address) Trueston	" rud
				dress State Registrar		1

MARYLAND-CERTIFICATE OF DEATH

Maryland Tuberculosis Sanatorium

STATE OF

1. PLACE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
- BERRHAUL V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 1119	16
1. PLACE OF DEATH		
County near wall	Registration Dist. No.	
Village or City	No. hiberty Heights St., Wa	ard
Length of residence in city or town where death occurred Ayrs mos.	death occurred in a hospital or Institution, great its NAME instead of street and number) 7 7 ds. How long in U.S. if of foreign birth?	ds.
2. FULL NAME Margaret aune Mc	efinal	
(a) Residence: No. A Liberty Heights	St., Ward.	
(Usur place of about)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OF RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the mord)	21. DATE OF DEATH (Month) (Pay) (Year)	
5a. If married, widowed, or divorced HUSDAND of (or) WIFE of Francis A. The Girl	22. HEREBY CERTIFY. That I attended deceased for approximation of the state of th	
6. DATE OF BIRTH (month, day, and year) Feb. 23, 1850	Mast saw har alive on nor 19 , 1934; death is s	said
7. AGE Years Months Days If LESS than I day,	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of on	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Cerebral Humonhage 143	134
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spent in this		
O 10. Date deceased last worked at this occupation (month and year)	Other Coutributory Causes of importance:	
12. BIRTHPLACE (city or town) (State or country) Maryland	arterio-selevas 10%	car
13. NAME Lewis Fowler		
13. NAME LA 14. BIRTHPLACE (city or town) (State or country) Marylened	Name of operation Date of What tast confirmed diagnosis? Cluium Was there an autopsy?	10
15. MAIDEN NAME Louise Sources	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?	
17. INFORMANT Transport & The Sing (Address)	Where did injury occur?	
18. BURIAL, CREMATION, OR REMOVAL Place THESTATION TERMODAL PLACE THE THE THE THE THE TERMODAL PLACE THE THE THE THE THE THE TERMODAL PLACE THE THE THE THE THE THE THE THE THE TERMODAL PLACE THE THE THE THE THE THE THE THE THE TH	Manner of injury Nature of Injury	
19. UNDERTAKER J. Francis (use Medicus) Misturistics, Mid.	24. Was disease or injury in any way related to occupation of deceased? 24. If so specify	
20. FILED 11 20, 19 8 Pollucion Registrar.	(Signed) Westmine Day Med	VI. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other centributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	------------	----	-----------

m'

5a. If married, widowed HUSBAND of (or) WIFE of

6. DATE OF BIRTH (m

16, BIRTHPLACE (city or town) (State or country)

18. BURIAL CREMATION, OR REMOVAL

17. INFORMANT & M.S. inglace

(Address)

19. UNDERTAKER

15. MAIDEN NAME Luzar Cane

12. BIRTHPLACE (city (State or countr

3. SEX male

7. AGE

OCCUPATION

FATHER

MOTHER

					4 4 4 4
S	TATE O	F MAR	YLAND-	CERTIFICATE OF DEATH	11197
1. PLACE OF DEA				(Jan)	
County Carry				(3)	Mul
				Registration Dist. No.	
Village or City	Resoulle			No. Springfield of ale Hospital St.,	Ward
Length of residence in ci			2 (If	death occurred in a hospital or institution, give its NAME instead of street an	d number)
	175	Military Street			.mosds.
2. FULL NAME	Ubert F.	Mears			
(a) Residence: No.	2639 7	1. Cals	rest.	St. Ward. Baltimore Md	. 100 100 100
(4) 11031401100. 1101		(Usual place	of abode)	If nonresident give city or town a	
PERSONAL AN	D STATISTIC	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
	or or race	5. SINGLE, MAR OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH November 26th (Month) (Day)	, 193 4
. If married, widowed, or dive HUSBAND of (or) WIFE of		name un	Kuron.	22. October 30 4 1930, to November 2	ed deceased from
DATE OF BIRTH (month, da	y, and year) No	vember 2	6 3/854	i last saw hum alive on November 26 , 193.	
AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, at 3.50 P. m.	
80	-	_	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
8. Trade, profession, or p	articular 0	Of .		were as follows:	Prior to
kind of work done, SAWYER, BOOKKEE	as SPINNER. / lo a	el Cetate	Froker	arterioselerosis	
9. Industry or business in work was done, as: SAW MILL, BANK,	n which SILK MILL.				august!
10. Date deceased last wo this occupation (mo year)	rked at Mukuru	spa	ime (years) nt in this 4 4 year	is	
2. BIRTHPLACE (city or town)	unknow		SP40011	Other Contributory Causes of importance:	Prior La
(State or country)	Virgin	na.		Chronic Nephritis	august 14"
13. NAME Julius	Caesar ?	mears			1930
14. BIRTHPLACE (city or to (State or country)				Name of operation None Okymcal news and laboratory findings. What test commed diagnosis? Was there are	
(State of Country)	1	rgima		What test confirmed diagnosis?	n autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?_____ Date of injury______ 19____

Where did injury occur?____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Nature of injury

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

If so, specify

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

of OCCUPA-

1. PLACE OF DEATH	942
County Carriel	Registration Dist. No. 70
Village or City Janey Tour	NDSt.,Ward
The state of the s	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town/where death occurredyrsmos	ds. Hew leng in U.S. it of foreign birth?yrsmesds.
2. FULL NAME Darid M. Menum	1-/
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH NOV 26th
Married Married	(Menth) (Day) (Year)
5e. It married, widowed, or divorced HUSBAND et	22. I HEREBY CERTIFY, That I attended deceased from
(ar) WHE OF Mary E. Whiring	M MODE 20 LTh 1984
6. DATE OF BIRTH (menth, day, end year) MOM 2.7, 1859	I last sew h. 1 elive en Nov 264 , 1934; death is said
7. AGE Yaars Months Days It LESS then	te heve eccurred en the date stated above, at 3 - 19 m.
75 5 29 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted couses of importence
Trada profession or particular	Date of enset
kind et werk dene, as SPINNER. / Cettre & SAWYER, BDDKKEEPER, etc.	anana Pectoria Nova 16
kind et werk dene, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry er business in which work wes dene, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (ment) and	1924
SAW MILL, BANK, etc.	7-4-5-5
yeer) occupetion	Other Contributory Causes of Impertanca;
12. BIRTHPLACE (city or town)	A Company of the Comp
(State er centry)	
13. NAME Dands Mehring 14. Birthplace (city or town)	
14. BIRTHPLACE (city or town)	Neme of operation
(Stete et ceunty)	Whet test cenfirmed diegnesis? Was there an autepsy?
15. MAIDEN NAME Clarica Fillwelk	23. If daeth was due te external causes (VIOLENCE) fill in also the tellewing:
15. MAIDEN NAME Clarica Hillsbuck	Accident, suicide, or homicide?
(State or country)	Where did Injury occur?
17. INFORMANT Mrs. Nasid M. Nehring	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) Danly our A	
18. BURIAC CREMATION, OR REMOVAL	Menner of Injury
Place of the Date MPV 1 47 , 1934	Neture of Injury
19. UNDERTAKER (O) TUSA SON	24. Was diseese or injury in any way related to occupetion et deceesed?
(Address) Danlytown, Md.	If so, specify
20. FILED NOV 28, 1934 Ether M. Mehring Local	(Signed) Sunda M. D.
Registrar.	(Address) (Address) Adva-
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:	

a M			

of OCCUPA.

		STATE C	F MAR'	YLAND-	CERTIFICATE OF DEATH	100
1	L PLACE OF D					
	County Car	wall	************		Registration Dist. No	4
	Village or City	lykeon	ille		No. Springfield State loss,	CleWard
	Length of rasidence	in city or town where o	leath occurrad	2_yrs / mos	death occurred in a horpital or institution, give its NAME instead of street and	number)
١,	2. FULL NAME	Cary!	3		l'inix	
	(a) Residence: N	to a president	aklel		LSK Sclat Ward.	
and the last			// Usual place of	of abode)	If nonresident give city or town and	State
_		AND STATIST			MEDICAL CERTIFICATE OF DEATH	
3.	/	color or race		(write the word)	21. DATE OF DEATH (Month) (Day)	., 193
Sa.	If married, widowed, or HUSBANO of (or) WIFE of	/ /	1 ,	lines	22. I HEREBY CERTIFY, That I attended	
				111-11.010	Jan 3- ,1924, to they 6	,
	DATE OF BIRTH (mont) AGE Years	- //	1	laked 186 9	to have occurred on the date stated ebove, at 100 m.	; daath is said
	7/		Days	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence	
7	8. Trade, profession,	or particular		ormin.	were as follows:	Oate of onset
101			man	<u></u>	nealisti and	Our
JPA	9. Industry or busing work wes done	th, day, and year) Kalleary (kake) Months Days If LE I day, or particular done, as SPINNER, KKEEPER, atc. Months Days If LE I day, or I day, or I day, or I day, or I the			1000	
OCCUPATION	10. Dete decaased las this occupation yeer)	t worked at	11. Total tin	me (years) t in this	general arterioselerosis	. yo
		Z.,	0030	pation	Othar Coutributory Causes of importance:	
12.	BIRTHPLACE (city or t (State or country)	OWN) Marcu	land	0	Cardine decompensation	Nov.
EB	13. NAME	cook	Bun	1.5		10,134.
FATHER	14. BIRTHPLACE (city	or town) Fre	derich	Lo	Name of operation	-
	(Stata or coun		uland	,	What tast confirmed diagnosis? Quity Was there an	autopsy?
HER	15. MAIOEN NAME	Eunes	& sw	exice.	23. If death was due to axtarnal causes (VIOLENCE) fill in also the followin	g:
MOTHER	16. BIRTHPLACE (city	As.	direce	E Co	Accident, suicide, or homicide? Date of Injury	, 19
	(State or coun	espital	Ricord	L	Where did Injury occur? (Specify city or town, county and Sta Spacify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	te) ACE,
16	(Address) BURIAL, CREMATION,	OD DEMOVAL				
13	COLD TION,	e Cerso,	Data Ho	18 1934	Manner of injury	
1	V	1111.	241		Nature of injury	
19.	(Addrass)	11540111	1/1/2	ad.	24. Was disease or injury in any way related to occupation of deceased?	
20	FILED DOV.	6.34/0	Harri	12/1001	(Signed) Nand M. Ress	M. D.
20.	, rileo Magazzania	7, 19	//-	Registrar.	(Address) Sylvaville Nacy	land

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	Juty 5,1927	Perilonitis	3 days ago	
All Miles	1			
Other contributory causes of importance:	-	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

FOR BINDING

ARGIN RESERVED

V. S. No. 1 B

1. PLACE OF DEATH			(82-0)	
County Carroll			Registration Dist. No. 75	4
Village or City Dyklsor Length of residence In city or town where	1	yrs & mos	No. Of Many Speed State Hrapital St., death occurred in a harpital or institution, give its NAME instead of street and number 1.5 ds. How long in U.S. if of foreign birth? yrs. mos.	_Ward
2. FULL NAME Robert	noonan			
	Idench 7 (Usual place of	na	Sty Word. Frederick, Md. If nonresident give city or town and State	
PERSONAL AND STATIST	ICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX A. COLOR OR RACE	5. SINGLE, MARR OR DIVORCED	(write the word)	21. DATE OF DEATH wunker / 7 4 , 193 (Month) (Day) (Day)	//- Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			22. I HEREBY CERTIFY, That I attended decease May 7 1932 to November 175	sed from
6. DATE OF BIRTH (month, day, and year)	cember 54	1862	I last saw h no alive on November 164, 1934; deal	
7. AGE Years Months	Days / 2_	If LESS than 1 day,	to have occurred on the date stated above, at 2.50A m. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Tobacco Dal val Miner Y T	Verner Fotel Clerk	acute Glomeonte - A	of onset
year) 193	occup	ne (years) 50 years) in this pation	Other Contributory Causes of importance:	
0	kausas		Carebral himovohage	
13. NAME Joseph 1.	Loonan		0	
		nd	Name of operation North Monday of Ort Mortun & Was there an autops;	y yes
15. MAIDEN NAME Mary Celen	Kleup.		23. If death was due to external causes (VIOLENCE) fill in also the following:	-
	known		Accident, suicide, or homicide? Date of injury1	19
2 (State or country) True 17. INFORMANT Amongheld Sta (Address) Sukes			Where did injury occur?(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Date 191	Nov. , 19 34	Manner of injury	
19. UNDERTAKER Harry E. Com (Address) Freder	Ly Co	7	24. Was disease or injury in any way related to occupation of deceased?	
20. FILED. 7 . 17, 1953 4 G	Havy	Hegistrar.	(Signed) John M. Morris (Address) (D. D. W) Cyhisoille Mid	M, D,
If more	blanks are needed, ad	dress State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	-	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
PUOPALI V. E			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHE	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 11201
1. PLACE OF DEATH	9)
County Carroll	Registration Dist. No.
Village or City Hampstead My	No. St., Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number) osds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Eli Mull	
(a) Residence: No. Railras avenue	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Mall will widower	(Month) (Day) (Yaar)
a. If married, widowad, or divorced HUSBANO of (or) Wife of	22. I HEREBY CERTIFY, That I attanded deceased from
Susanna Mull	Cur 24th 1934, 10 hou 6 th 1984
DATE OF BIRTH (month, day, and year) //07/ 16-1846	1 last saw h alive on Now 6 to 19 34; death is said
AGE Years Months Deys If LESS than	to heve occurred on the date stated above, at \$1.30 Pm.
87 // 70 1 day,hrs	mara se follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Oats ol onest
SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	arterio Scherous 571
work was done, as SILK MILL, SAW MILL, BANK, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date dacased last worked at this occupation (month and spent in this	
yaar) occupation	
2. BIRTHPLACE (city or town)	Other Coatributory Causes of importance:
(State or country)	
13. NAME William Mulf	
13. NAME William Mull 14. BIRTHPLACE (city or town)	Nama of oparation Data of
(State of country)	Whet test confirmed diegnosis? Was there an autopsy?
15. MAIOEN NAME 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accidant, suicide, or homicide? Data of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
7. INFORMANT OW Well for	Specify whether injury occurred in iNDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	
Place Leisteis/Clinetery NN 9, 1934	Menner of injury
8 dul a Tit	Nature of injury.
19. UNDERTAKER Office (Address) Augustale and Mid	24. Was disease or injury In any wey ralated to occupation of deceased?
men 8 3 m of 0 W W	(Signed) & M Resh M D
20. FILED W. O., 1954 Milled & Agripa.	(Addrass) Haufstead had
If more blanks are needed, addies State Registrar	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis July 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

V. S. No. 1

STATE	OF	MARYI	AND-	CERTIFIC	ATF	OF	DFA	TH
OINIL	OI	MIVIL	עוות	CLIVIII	AIL		ULA	

11202

1. PLACE OF DEATH		
County Carroll	Registration	Dist. No. 8/
- Village or Citynear, Union Bridge,	0 + . /	
	(If death occurred in a horpital or institution, give its NAME	E instead of street and number)
Langth of rasidance in city or town where death occurred		yrsmosds.
2. FULL NAME Carroll H. Reese,		
(a) Residence: No. near, Union Brj (Usual place of abo	ge, Md., St., Ward.	
PERSONAL AND STATISTICAL PARTICUL		give city or town and State
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED.	OWED. 21. DATE OF DEATH	OI DEATH
Male White OR DIVORCED (with Marri		15. 1934
5a. If married, widowed, or divorced	(Month)	(Day)' (Yaar)
HUSBAND of(ar) MFE at _ Bertha Reese.	22. I HEREBY CERTIF	Y, That I attanded decaasad from
	, to	
6. DATE OF BIRTH (month, day, end year) 1888-1-4, 7. AGE Years Months Days 1	I last saw h alive on	
14	S than to have occurred on the date stated above at 30 The PRINCIPAL CAUSE OF DEATH and related cause	
101 11 101	min. were as follows:	Data of onsat
No. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, atc. Farmer	Delevison Fre	***************************************
9. Industry or business in which	sucus m o ce	msus.
kind of work done, as SPINNER, SAWYER, BDDKKEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc 1D. Date decased last worked at OV /34 11. Total time (yet)		************
year) occupation	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) Carroll Co. (State or country) Manyland		
The state of the s	alcoholism	
13. NAME Francis W. Reese		
13. NAME Francis W. Reese 14. BIRTHPLACE (city or town) ? (State or country) Maryland.	Name of operation	
Alekand de lake	What tast confirmad diagnosis?	
	The state of the s	
16. BIRTHPLACE (city or town) Carroll Co. (State or country) Maryland.	Accident, suicide, or homicida?	Pata of Injury, 19
Mar Boothan Danes	Whera did injury occur? (Specify city or t	own, county and State)
(Address)R.F.D. Union Bridge Md	Specify whether injury occurred in INDUSTRY, in HDI	ME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Menner of injury	*****
Place inganore Centy Date Nov. 17	1934 Nature of injury	
19. UNDERTAKER 6. M. Haltz	24. Was disease or injury in any way related to occupa	
(Addrass) Hundreld Mid,	If so, specify	10
20. FILED MOV-16, 1934 / Eichnes	(Signed)	199 M.D.
Searly	istrar. (Address) lluwuv	more

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	11921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

V. S. No. 1			ARGIN	RESEI	VEL	FOR	ARGIN RESERVED FOR BINDING	
N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT REC	LAINLY,	WITH	UNFADIN	NG INK-	THI-	S IS A	PERMANENT	REC
mation shor	uld be car	efully s	upplied.	AGE sho	uld be	stated	mation should be carefully supplied. AGE should be stated EXACTLY. P	Ү. Р
CAUSE OF	DEATH	in plain	terms, so	that it n	nay be	proper	CAUSE OF DEATH in plain terms, so that it may be properly classified Exag	Exag
TION is very important. See instructions on back of certificate.	ry import	ant. Se	e instructi	ons on b	ack of	certific	ate.	

STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	11203
County Garrall	Registration Dist. No.75
Village or City Louellos . R.D.	No. St. Ward
Length of residence in city or town where death occurred ys. more case of the control of the con	30
(d) Residence. No. 10 4 (Usual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DAYORCE Variethe word Wildowed	21. DATE OF DEATH NOV 72, 193 4. (Month) (Day) (Year)
Sa. If married, widowad, or divorced HUSBAND of Cleux Graumer Cety (or) WIFE of Cleux Graumer	Rovember 19, 1934, to hovember 21, 1934
6. DATE OF BIRTH (month, day, and year) Ale 29 1856	I lest saw h Low alive on november 21, 19.34; death Is said
7. AGE Years Months Days If LESS than 1 day, hrs.	to have occurred on the date stated above, at 2 40 Jan. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trada, profession, or particular kind of work dona, as SPINNER Carporter SAWYER, BDOKKEEPER, etc. 9. Industry or business In which work was done as SII K. MILL	Lobar Pneumonia 11-19-34
SAW MILL, BANK, atc	
this occupation month and 1900 spant in this 164	,
t2. BIRTHPLACE (city or town) Godorus Township (State or country)	Other Coutributory Causes of Importanca:
13. NAME TOPEL Repts 14. BIRTHRUAGE (city or then).	Auricular Febrillation 11-20-34
14. BIRTHRLAGE (city or twn)	What tast confirmed diagnosis? More Was there an autopsy? More
15. MAIDEN NAME Susanua Wherley.	23. If death was due to external causas (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) Charing Co. (Stata or country) Percent	Accident, suicide, or homicide? Data of Injury, 19
17. INFORMANT Carrier of Carrier	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURNAL GREMATION, OR REMOVAL Paper Nov 2 279 3 x	Mannar of injury
19. UNDERTAKER Saul M. Transquislessy (Addiss) New Freedow 13	24. Was disaase or injury In any way related to occupation of dacaased?
20. FILED Hor. 22, 13 Mrs. H. A. S. Denner Registrar.	(Signed) Lenville, Penna.
If more blanks are needed address State Registrar	2427 N. Charles Street Baltimore Dequation 71 S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	li	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	6		
Other contributory causes of importance:	- { 0	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

FOR

RESERVED

ARGIN

S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronie interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

OCCUPA-

	97	
	Registration Dist. No. 75	
	ND. St., death occurred in a hospital or institution, give its NAME instead of street andds. How long in U.S. If of foreign birth? 5 2 yrs	
lace of abode)	St., Ward. If nonresident give city or town an	d State
RTICULARS	MEDICAL CERTIFICATE OF DEATH	
MARRIED, WIDOWED, RCED (write the word)	21. DATE OF DEATH Nov 14 (Month) (Day)	, 193 // (Year)
If LESS than 1 day,hrs. ormin.	22. I HEREBY CERTIFY, That I attended 1 last saw h. ev alive on	19.34
al time (years) spent In this occupation	Other Contributory Causes of importence: Sougrence of importence:	19/15/35
· · ·	Name of operation Dete of What test confirmed diagnosis? Was there an	
Keefer Miger Indiager - 17, 1934	23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide?	ng: , 19
ng Lenue Registrar.	24. Was disease or injury in any way related to occupation of deceased?	- M.D.

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Example I		. Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 1120) (i
County Carroll	Registration Dist. No.	/
Village or City Sy kesculle	No. April Marie Market Market Market and number of death occurred in a hospital of institution, give its NAME instead of street and number	e Ward
Length of residence in city or town where deeth occurredyrsmos	s. 22ds. How long in U.S. if of foreign birth?yrsmos	ds.
(a) Residence: No. Springfuld State (Usual place of abode)	Lease La Ward Lykes LOL Me If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (193)	4
5a. If marriad, widowed, or divorcad HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended decess	Year)
6. DATE OF BIRTH (month, day, and yeer) Warch 1854 7. AGE Yeers Months Days If LESS than	20 31	th is said
8. Trade, profession, or particular	The PRINCIPAL CAUSE OF DEATH and related causes of Importanca wera as follows:	ofonset
kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date daceased last worked et this occupation (month and	arterios elevosos 1;	931
10. Date daceased last worked et this occupetion (month and spent in this year) occupation control occupation		
12. BIRTHPLACE (city or town) Washington Co (State or country) Way and allo	Other Coatributory Causes of Importance:	
13. NAME Saucel Sagre 14. BIRTHPLACE (city or town) Machinestan Co	and al Almourage VI-	10-1
(State of country) Makyland	Name of operation Date of Whet test confirmed diagnosis? Was there an autopsy	, 260
15. MAIDEN NAME Clary of academical 16. BIRTHPLACE (city or town) A characteristic Co (Stete or country) Mary Says	23. If daath was due to axternal causes (VIOLENCE) fill in also tha following: Accidant, suicide, or homicide?	9
17. INFORMANT Har Juital Cecids (Address) Lyberwille Rd	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Place //ANCOCK MD Date 11/27 ,1934	Manner of injury	
19. UNDERTAKER OF RULE COMPANY (Address) However the Company of th	24. Wes disease or injury in any wey related to occupation of daceased?	
20. FILED 197-VY, 1934 Stary / VELV Registrar.	(Signed) Ware (Address) Sylver Colly Med. 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	M. D.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
DEC 4 15.1				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND	CERTIFICATE OF DEATH 11207
A PLACE UP DEATH	46
County Carroll	Registration Dist. No.
village of City // Carry / Car	No. St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsds.
2. FULL NAME Harvey a Stone	
(a) Residence: No. 70 penn. Gr.	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED ("write the word) Mall Married Marri	21. DATE OF DEATH 18 (Month) (Day) (1934 (dear)
5a. If married, widowed, or divorced Grene Stone (or) WIFE of	22. SIMPREBY CERTIFY That I attended daceased from
6. DATE OF BIRTH (month, day, and year) (Anil 1/ 1856	I last sew bland alive on TWV. 18: 193 (Geeth Is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 10.48 m.
76 7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:
8. Trade, profession, or particular	multiple Carcinoma Sept
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 16. Date daceased last worked at this occupation (month and	of Mesentery 1934
SAW MILL, BANK, etc. Western (mary and Tothe Ex	
10. Date daceased last worked at this occupation (month and year) yaar) Occupation 11. Total tima (yeers) spent in this occupation occupation	
32 DIDTUDI ACE (aitu as Jaura)	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	onustinal Courselin occ.
a 13. NAME Wm. Stone	701
14. BIRTHPLACE (city or town)	Name of operation Cecastomy Date of Oct 1534
(State of country)	What test confirmed diagnosis? Oferality Was there en au'opsy (110)
15. MAIDEN NAME THE / Snown	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME 1 15. MAIOEN NAME 1 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of Injury, 19
(Stete or country)	Whera did injury occur?
17. INFORMANT Orene Stone (Address) 70 Penn, Gur. Westminster, On A	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Placa Midle Cem. Date Vlov. 22, 1934	Nature of injury.
19. UNDERTAKER & Sankard & Son (Address), & estiminator madi	24 Yes disease or Injury in any way related to occupation of decaased?
20. FILED 1/20 34 Julioudur 40 Registra.	(Signed). Chao Chout M.D. (Address) Weathers to Mile
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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	Example I		Example II		
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	RECEIVEDI	1915	Attack of epilepsy	1 week ago	
Chronic interstitial ne	ephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	DEC 3 1934	July 5,1927	Peritonitis	3 days ago	
	RUDEAU V. B.				
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ite	S	of
TH UNFADING INK-THIS IS A PERMANENT RECORD. Every ite	ly supplied. AGE should be stated EXACTLY. PHYSICIANS s	lain terms, so that it may be properly classified. Exact statement of
RD.	(YSI	Sta
RECO	7	Exact
LNE	LY	d.
IANE	ACT	assifie
ER	EX	y cl:
A P	peq	perly
IS	stat	pro
HIS	be	pe
L	plno	may
K	sh	it
NG	AGE	that
D		So
UNFA	upplied	terms,
TH	ly sı	lain

1. PLACE OF DEATH m of i County Cornall Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Langth of rasidance in city or town where death occurred 2. FULL NAME DO (Usual place of abode If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED 21. DATE OF DEATH OR DIVORCED (write the word) (Month) (Day) 5a. If marriad, widowed, or divorced HUSBAND of I HEREBY CERTIFY. Thet I ettended daceased from (or) WIFE of 19.32 to Dovember 25 back of certificate. 6. DATE OF BIRTH (month, day, and year) 7. AGE Yaars to have occurred on the date stated above at 2:30P - m Months Days If LESS than 1 day, hrs. 53 The PRINCIPAL CAUSE OF DEATH and related causes of Importance or ____ min. Date of onsat 8. Trede, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc... See instructions on 10. Oate deceased last worked at 11. Total time (years) this occupation (month end occupation_ 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) Neme of operation. (State or country) Whet tast confirmed diagnosis? MOTHER mation should be carefu very important. 15. MAIOEN NAME 23. If deeth was due to extarnal causes (VIOL ENCE) fill in also the following: DEATH Accidant, suicide, or homicide?_____ Date of injury_____, 19____ 16. BIRTHPLACE (city or town) (State or country) Whare did injury occur?__ (Specify city or town, county and State) Specify whather Injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE. 17. INFORMANT OF (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury CAUSE LION Natura of Injury. 24. Was disease or injury In any way related to occupation of decaased If so, spacify (Signad) Registrar. (Address)

STATE OF MARYLAND-CERTIFICATE OF DEATH

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0.0 4 19.3			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

of OCCUPA-

	S	TATE O	F MAR	YLAND-	CERTIFICATE OF DEATH	299
1	L. PLACE OF DEAT	гн	Manuel	and Muha	rculosis Sanatorium 74	
	CountyCarr	-		Golor	ed Branch Registration Dist. No. 74	
	Village or City H	enryton	, Md.		ND. St., death occurred in a hospital or institution, give its NAME instead of street and	Ward
	Langth of rasidance in cit	y or town where d	aath occurred	O yrs. 8 mos	2 ds. How long in U.S. if of foreign birth? yrs.	10sds.
:	2. FULL NAME R	aymond	Serenna	Thomas		
	(a) Residence: No.	Brandy			orse County, Md.	
	PERSONAL AN	D STATISTI	(Usual place		If nonresident give city or town and	State
3.		R OR RACE	S SINGLE MAR	RIED WIDOWED	21. DATE OF DEATH	
_		ored	Single	D (write tha word)	Nov., 14, 1934. (Month) (Day)	., 193(Year)
5a.	If married, widowed, or divor HUSBAND of (or) WIFE of	rced			22. 1 HEREBY CERTIFY. That I attended 3/12/34 19 11/14/34	daceesed from
6.	DATE OF BIRTH (month, day	and year) Ma	y 13, 1	918	Hast saw him eliva on NOV., 14, 1934	; death is said
	AGE Years	Months	Days	If LESS than	to have occurred on the data stated above, et 5 . 00 Pm. M.	
_	16	6	1	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of onset
NO	8. Trada, profession, or pa	S SPINNER, S	cholar		Pulmonary Tuberculosis	Jan
OCCUPATION	9. Industry or business in	which				1932
CUF	work was dona, as S SAW MILL, BANK, e	tc		***		-
00	1D. Date deceased last wor this occupetion (mon yaar)	th end	spe	ima (years) nt in this pration)		
			ngton,		Other Contributory Causes of Importance:	
12.	. BIRTHPLACE (city or town). (State or country)		D. C.			
ER	13. NAME Charl	es D. T	homas			
FATHER	14. BIRTHPLACE (city or to			ç	Name of operation Date of	0
	(State or country)	0.44	aryland		What tast confirmed diagnosis?	autopsy?_//
MOTHER		0+	. Marys	City.	23. If daath wes due to external causes (VIOLENCE) fill in also the followin	
W	16. BIRTHPLACE (city or too (State or country)	MII <i>)</i>	Marvlar		Accident, suicide, or homicide? Date of injury Where did injury occur?	, 19
17	INFORMANT Joh		Neill,		(Specify city or town, county and Sta Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PL	te) ACE.
	(Address)	Henryto	n, Mary	rland.		
18.	BURIAL, CREMATION, OR RI	egton D:	Paper 11/17	134	Menner of Injury	
	India.		0	, 19	Nature of injury	Ma
19.	(Addrass) 638	Cher &			24. Was diseasa or injury In eny way ralated to occupation of daceased?	No
20.	FILED 11/14/34	My	6 19	Heile.	(Signed) Vin G. O'Rei	ec. M.D.
		Depu	ty Loca	Registrar.	(Address) Vineyton	mol

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DFC 4-1	i i		
Other contributory causes of importance:	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA-

properly classified.

AGE should be

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

mation should be carefully supplied.

certificate.

See instructions on back of

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLAC	E OF DEATI	H			(83)	STATE OF		, ,
	y Car					Registration Dist. I		14-
Villag Length	e or CitySpri	ngfiel	d State	Hospital	No. Sykesville f death occurred in a horpital or institution 17 ds. How long in U.S. if of f	n, give its NAME instea foreign birth?	St., id of street and i	Ward number) osds.
2. FULL	NAME	Teo B	IInling	or				
			-		erland, Mod.	If nonresident give cit	ly or town and	State
PER	SONAL AND	STATISTI	CAL PARTI	CULARS	MEDICAL CE	RTIFICATE OF	DEATH	
3. SEX		ite	5. SINGLE, MARI OR DIVORCEI	RfED, WfDOWED, D (write the word) ied	21. DATE OF DEATH November	(Month) (20 ,	, 193 4 (Year)
5a. If merried HUSBAN (or) WIF	E of	thy Ba	rncord		22. HEREBY	CERTIFY. The		
6. DATE OF I	Years 27	Months	June 8, Deys 12	1907 If LESS than 1 day,hrs. ormin.	I last sew him elive onNo to have occurred on the dete stated a The PRINCIPAL CAUSE OF DEATH were as follows:	above, atl: 50P.n	n.	; death is said
9. findus w W 10. Dete	nd of work done, es AWYER, BOOKKEPE try or business in w ork was done, es SIL AW MILL, BANK, etc deceesed last worke is occupation (month bar)	thich K MILL, d et end 1-932	Laborer 11. Totei ti sper occu	ime (yeers) nt in this upetion 11	General Paresi Other Contributory Causes of Imports	ance:		1932 5
(Stete	ACE (city or town)	M	aryland		Acute Cardiac	Dilatati	on 11	-20-34
14. BIRTH	IPLACE (city or town Stete or country)	•	ylvania		Name of operation Sympt	oms & Lab	Dete of	eutopsy? 200
16. BIRTH	IPLACE (city or town Stete or country))	а.	bridge sp.Record	23. If deeth wes due to externaf ceuse Accident, suicide, or homicide? Where did injury occur?	(Specify city or town,	injury	, 19 e)
(Addre		esvill	e, Md.	v. 24,1934	Menner of injury			
19. UNDERTAI (Address 20. FILED		34-Q	le Mi	Veev Registrar.	24. Was disease or injury in eny way If so, specify (Signed) (Address) Sylvas	F. Baer	f deceased?	Mo and,

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
A BUDGALAY				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		•		
		•	to,	

B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

AGE should be

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

stated EXACTLY. PHYSICIANS should state

of OCCUPA-

Exact statement

properly classified.

V. S. No. 1

1	1. PLACE OF DEATH	(B5)		
	County Carroll	Registration Dist. No. 7/		
	Village or Cityllan May blow	No. St., Ward		
1		death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. II of foreign birth?		
	County Savull Village or City Van Ward Length of residence in city or town where death occurred yrs. Mos. ds. How long in U.S. 2. FULL NAME (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DYVORCED (wyne; the word) 5a. If married, widowad, or divorced (or) wife of 6. DATE OF BIRTH (month, day, and year) 5a. If married, widowad, or divorced (or) wife of 7. AGE Years Months Days 11 LESS than 1 day, hrs. hrs. or, min. 2. Trada, prolession, or particular shinks of word, which will, BANK, sit. will, BANK, sit. will, BANK, sit. will, BANK, sit. will, Saw Mill, BANK, sit. will, sit	la Para		
		Ch. Ward		
		St.,Ward. If nonresident give city or town and State		
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
	Male W OR DIVORCED (wine the word)	21. DATE OF DEATH // /7		
	HUSBANO of			
e.	6. DATE OF BIRTH (month day and years To A 8, 1913	I last saw h Lon aliva on Sullen desch 1934; death is said		
cat	7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at relieving 5 7 4 20		
rtif		The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:		
of certificate.	8 Trada, prolession, or particular kind of work done, as SPINNER, Catarly SAWYER, BOOKKEEPER, etc.	Probably sofficited		
back	9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	following are		
on	2 - 1 Spoilt in ting			
instructions	12. BIRTHPLACE (city or town)	Other Contributery Causes of Importance:		
str				
See in	14. BIRTHPLACE (city or town)	Name ol operation		
		What test confirmed diagnosis?		
tan	The second secon	23. If death was dua to externel causes (VIOLENCE) fill In also the 10llowing: Accidant, suicida, or homicide?		
important.	State or country)	Whare did injury occur?		
	17. INFORMANY utther & uttemplen	(Specify city or town, county and State) Specify whether injury occurred In INOUSTRY, in HOME, or In PUBLIC PLACE.		
is very	18. BURIAL, CREMATION, OR REMOVAL Place Down Oats 19, 193 4	Manner of injury		
TION	19. UNOERTAKER Sugar Sou (Address) Janeur Md.	Nature of Injury 24. Was diseesa or injury In any way related to occupation of decaasad? 11 so, specily		
T	20. FILED No. 1.9. 19 34 Margaret R. Luglae Registrar.	(Address) lluian Bletze Ind		
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Ex	ample I	11	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	DEC 7 to	1921	Run over by street car	1 week ago
Cercbral hemorrhage		July 5,1927	Peritonitis	3 days ago
	M SEE SEAL SEA			
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF DEATH	93-6
County Carroll	Registration Dist. No. 77
Village or City Mafile France.	ND. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
26 1 10 710-	sds. How long in U.S. If of foreign birth?yrsmosds
2. FULL NAME / Carriette Ula.	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced	
(or) WIFE of Cirrow. Ulz	22. 1 HEREBY CERTIFY, That I attended dacassed from 1934, to / You, 3,
6. DATE OF BIRTH (month, day, and year) Felt / 5, 1853	I last saw A SS aliva on Oct 26 1934; death is sai
7. AGE Years Months Days If LESS than	to have accurred on the date stated above, at 2.3002 m.
8/ 8 /8 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER LAS AWYER, BDOKKEPER, etc.	
9, Industry or business in which	Olarone Onleaded Ling 21.
kind of work done, as SPINNER SAWYER, BDOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc 10. Date deceased last worked at this occuration (month and	
apont by the	/
year) occupation with	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) - Majaraharahar	Tolormic Megocardales who
(State or country) Mangland	-
13. NAME Message 1 14. BIRTHPLACE (city or town) Makenwal 4.	<u>-</u>
(State or country)	Name of operation
	What tast confirmed diegnosis? Wes thara an autopsy?
15. MAIDEN NAME The Survey 16. BIRTHPLACE (city or town) Lubanawall	23. If death was due to external causes (VIDL ENCE) fill in also the following:
2 16. BIRTHPLACE (city or town)-[12.5] (State or country)	Accident, suicide, or homicide?, 19, 19, 19
(D) D > +1'	Whare did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INDÚSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Transmount MO Date NOV. 6 , 1934	- Nature of injury
19. UNDERTAKER Green Whink's Some	24. Was disease or injury in any wey related to occupation of deceased? / You
The state of the s	(Signed) Casaw M. Bush M

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
DEC 3 1934			
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

1.111	o en l		oounty			
-			Village or	City Se	kes	who
	.= .0	-	Langth of	1	u aa tawa wit	daugh
	RD. Every YSICIANS statement		rength of fes	sidence in city	y or town where	death oc
	M 53 8	1	2. FULL NA	ME	uacca	e C
	D. SIG		(a) Resider	nco. No		
	CORD.	-				J)
	RECORD. PHYSICExact state	_		VAL ANI	STATIST	TICAL
	A	3.	SEX	4. COLOR	OR RACE	5. SIN
	L'A	1	enale	n	hete	UN
BINDING	RMANENT X A C T L Y classified.	Jsa.	If merried, widow HUSBANO of (or) WIFE of	wed, or divor	ten t	1. 2.
BIN	F-7 F-7 (1)	6.	OATE OF BIRTH	(month, day,	and year)	M
	A P ted perly	7.	AGE Ye	ars	Months	
FOR			4	40		
		Z	8. Trade, profe	ession, or par work done, a	ticular s SPINNER.	61
邑	hrrs be be of	T O	SAWYER	R, BOOKKEEP	ER, etc	Kan
RESERVED	NK—T should it may n back	OCCUPATION	9. Industry or work wa	s done, as SI	LK MILL.	
鱼		2	10. Oate decees	LL, BANK, et		,
ESS	E slat it at it s on	0	this occu	upation (mont	th and	er
R	NFADING I.				// /	
Z	DI	12.	BIRTHPLACE (c		Juna	D
GI	FA] ied. ns, stru	or .	(State or cou	1	aces	100
ARGIN	Supplied. AGE shen terms, so that it ee instructions on l	HER	13. NAME	Man	rele	is
0	WITH UNFADING INI efully supplied. AGE slin plain terms, so that it ant. See instructions on	FAT	14. BIRTHPLACE		vn) M	uki
	TH IIy Ilai		(Stete o	r country)	Pari	111
	WI ful n p	HER	15. MAIDEN NA	AME (lua	kuran/	Lac
	1	MOT	16. BIRTHPLACI	E (city or tow r country)	(n) Ports	kus
	PLAINLY, nould be can F DEATH	.7		Nes	6.4.1	//
	E PLA should OF D	16.	(Address)	Luk	esoil	A.
		18.	BURIAL, CREMA	TION OR RE		-
	T	19	Youngell	ston	M M	Oate.
	WRIT mation CAUSI		0/	2 7/	1 8 =	100
10.1	TON	19.	(Address)	Ha	a cocci	4
1	'.	-	(1001033)			-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(83)
County Carroll	Registration Dist. No.
Village or City Sykeswille	No Springfield State Steeper Now
Length of residence in city or town where death occurred wrs.	death occurred in a hospitalor institution, give its NAME instead of street and number), 29 ds. How long in U.S. if of foreign birth?
2. FULL NAME GUAGE & Vastu	a outside
(a) Residence. No.	St. Ward. Keelestorby 1111
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE S. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word) Linear Color or RACE Linear Color or RACE S. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
a. If merried, widowed, or divorced HUSBANO of (or) WIFE of Lester K. Vachurg.	22. I HEREBY CERTIFY. That I attended deceased from 14. 19.94 to 12.2.25 19.84
5. OATE OF BIRTH (month, day, and year)	I last saw hale elive on Gall 24 , 1924; death is said
7. AGE Years Months Days If LESS then	to have occurred on the date stated above, at 4-4-2-4 m.
40 4 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Kausewife SAWYER, BOOKKEEPER, etc.	general Paralysis of Nov.
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.	1932
10. Oate deceased last worked at this occupation (month and pear)	
12, BIRTHPLACE (city or town) Slukusus	Other Contributory Causes of importance:
(State or country) Parto Ries	med it and a div
13. NAME Juan Ellis	1934
14. BIRTHPLACE (city or town) Multiple (Stete or country)	Name of operation Date of Washington
15. MAIDEN NAME (Makeran) Lougales	What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOL ENCE) fill In also the following:
16. BIRTHPLACE (city or town) - June 1990	Accident, suicide, or homicide?
7. INFORMANT Resident	Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
8. BURIAL, CREMATION OR REMOVAL PROGRAMMENT MAN DONE MAY 78, 1934	Manner of injury
19. UNDERTAKER, M. Seiler Vlou	24. Was disease or injury in any way related to occupation of deceased?
(Address) Stagestown Migu	If so, specify
20. FILED LOT. 75, 19 3 4 Comp VIII	(Signed) May M. D. (Address) Augustu M. D.
Aegistrat.	(Modicas)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
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	INL	be	EAT	impo
	PLA	pino	F D	ery
	TE	n sh	SE 0	IS
	WRI	atio	AU	TION is very important. See instructions on back of certificate.
	B.—	m	0	T
	ż	1	T)

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11214
1. PLACE OF DEATH	(3)
County Carroll	Registration Dist. No.
Village or City near oxishmusta	NoSt., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	4 ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Thomas warrick	
(a) Residence: No. 25 3 3 Soviette ave Bally m (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Somewhell 26
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of Josephine Warrick	1 HEREBY CERTIFY, Thet I ettended deceesed from 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
6. DATE OF BIRTH (month/day, end yeer) / Corr / 3 - / 9 5 C 7. AGE Yeers Months Days If LESS then	to heve occurred on the dete stated above, et . 7:00 Am.
7 e 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importences
8. Trede, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Dete decessed last worked et this occupetion (month and year) 11. Totel time (yeers) spant in this occupation	Were es fallows: Date of onset Date of onset
12. BIRTHPLACE (city or town) Tuly (Stete or country)	
13. NAME Cuskrum	
13. NAME 14. BIRTHPLACE (city or town) Constant (State or country)	Neme of operation
15. MAIDEN NAME Cockney	23. If deeth wes due to externel ceuses (VIOLENCE) fill in elso the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) Crahman (State or country) 17. INFORMANT Jamas S	Accident, suicide, or homicide?
(Address) 2533 Lournette ave Bald fact	
18. BURIAL, CREMATION, OR REMOVAL Place Int any Humilianabate mer 28 , 1934	Manner of injury
Place Int any Humiligrapate man 28 , 1934	Nature of injury.
19. UNDERTAKER HBarrhard + Son (Address) or estmenty md	Yes disease or Injury In eny way related to occupation of deceesed?
20. FILED / DE 1934 Mesonder of Registrer.	(Signed) We flew plechy M, D. (Address) We de leve alle her
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
J MARKEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

S. No. 1

ż

(Address)

1	STATE OF	MARYLAND-	CERTIFICATE OF DEATH	(11)
	1. PLACE OF DEATH		92-0	/
	County Carroll		Registration Dist. No.	_
	Village or City Lepkense	lle	No Springfield State Kon	SUMAG
	Length of residence in city or town where dea		death occurred in a horpital of institution, give its NAME instead of street and r	number)
	2. FULL NAME Elizar	0.00 /1/10	, , , , , , , , , , , , , , , , , , ,	/s
	(a) Residence: No.	May Make	To de with elet I.D. in	2011
-	(a) Residence. No.	(Usual place of abode)	If nonrepident give city or town and	State
	PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3.	SEX 4. COLOR OR RACE S	OR DIVORCED, (write the word)	21. DATE OF DEATH	11
1	Huah Whole	wedow	(Month) (Day)	, 193 (Year)
5a	I. If married, widowed, or divorced HUSBAND of	11.50	1 HEREBY CERTIFY, That I attended	daceseed from
	(or) WIFE of Muchusery	Welch.	Are. 29 1929 to Uso. 14	1934
6.	DATE OF BIRTH (month, day, and year)	W. 17. 1850	I last saw h. Le alive on Bad. 16 , 1984	, death is sald
7.	AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 12,45 4 2	
	84	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Cata el anast
Z	8. Trade, profession, or particular kind of work done, as SPINNER.	24		Verifications of
7	SAWYER, BOOKKEEPER, etc.	Marie	Ludosardiles	1912
UP/	work was done, as SILK MILL, SAW MILL, BANK, etc	**************************************	***************************************	Betern
OCCUPATION	10. Date deceased last worked at this occupation (month end	II. Total time (years)		1000
_	year)	occupation	Other Castributory Causes of Importance:	1.7.2.7.
12	BIRTHPLACE (city or town)	es aunty	Other Cautionary Causes of Importance.	Risland
_	(State or country) Maleula	ud,	Teneral arlerconlerin	1912
FATHER	13. NAME false .	Wente		
FAT	14. BIRTHPLACE (city or town)	cheesen	Name of operation Date of	
	(State of country)	ugary.	What test confirmed diagnosia? Was there an a	utopsy?
LHER		Elsist.	23. If death was due to external causes (VIOLENCE) fill in also the following	
MOT	16. BIRTHPLACE (city or town)	exercion	Accident, suicide, or homicide? Date of injury	, 19
	11.1.1.16	Real	Where did injury occur? (Specify city or town, county and State	:)
17	(Address)	- Il. Ox of	Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLA	CE.
16	BURIAL, CREMATION, OR BEMOVAL		Manner of injury	**********
14	my gell Hospilal Cens.	Date Mov. 80, 1930	Nature of Injury	

I F Y. That I attended deceased from causes of Importance Oate of onset ___ Date of ___ Was there an autopsy E) fill in also the following: ___ Date of injury_____, 19. y or town, county and State) n HOME, or In PUBLIC PLACE. 24. Was disease or injury In any way related to occupation of deceased If so, specify. (Signed)

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

1. PLACE (SIAIE (OF MAR	YLAND-	CERTIFICATE OF DEATH	11211
	Carroll			Posistation Dist. N	74
,	City Rypeso	elle		No. Planafuld Olgte Hospital St	
) // (1	f death occurred in a harpital or institution, give its NAME instead of street a	nd number)
	esidenca in city or town where	171	yrsmo:	s/6 ds. How long In U.S. If of foreign birth?yrs	mosds
2. FULL NA		ier Wel		0 0 4	
(a) Reside	ence: No. Rec	kville 11 (Usual place		St., Ward. Rockville Ind	
PERSO	NAL AND STATIST			If nonresident give city or town MEDICAL CERTIFICATE OF DEATH	
3. SEX male	4. COLOR OR RACE	5. SINGLE, MAR	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH November 5-th	, 193 4
5a. If married, wido HUSBANO of	wad, or divorcad			22. I HEREBY CERTIFY, Thet I attend	(Year)
(or) WIFE of				Necember 3th 1931 to November	5 1934
6. DATE OF BIRTH	(month, day, and year) Oc	toher 1 ch	1854	I last sew h son aliva on November 5 2 , 19 3	4; deeth is sale
7. AGE Y	aars Months	Days	If LESS than I day,hrs.	to have occurred on the data stated above, at 6.35 Pm.	
	0 /	1 4	ormin.	The PRINCIPAL CAUSE OF DEATH and raieted causas of Importanca ware as follows:	Oate of onset
o rade, prof	assion, or particular work done, as SPINNER, R, BOOKKEEPER, atc	Clerk -		General arterior levous	Cror 4
9. Industry or work w	business In which as done, as SILK MILL, ILL, BANK, etc.	ensed Merca	utale Stone	Con fac who have course	1931
10. Oate dacea this occ year)	sad last worked at Winford		ma (years) 2 lo years) pation		
12. BIRTHPLACE (d				Other Coutributory Causes of Importance:	Bring
(Stata or co	2 . 04	elsh	7 d.	Chrome Rephretis and Millal	1931
(State o	CE (city or town)	known md:		Name of operation Mores Climical Eignaan & Interatory Find What test confirmed diagnosis? Was there	in Sulopsy? No
15. MAIOEN N.	AME Mary ans	n Hyatt		23. If death was due to external causes (VIOLENCE) fill in also the follow	
16. BIRTHPLAC		nour		Accident, suicide, or homicide? Date of injury	
(State o	, , ()	gomery Co		Where did injury occur?	
17. INFORMANT (Address)	pringfuld state		(Ricorde)	(Specify city nr town, county and S Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC	PLACE.
18. BURIAL, CREMA	TION, OR REMOVAL	oata Mar	v. 8 ,1934	Manner of injury	
19. UNOERTAKER (Addrass)	Royers	folicy	Z.	24. Was disease or injury in any way ralated to occupation of decaased? If so, specify — A — P — — — — — — — — — — — — — — — —	no
20. FILEO WO	V5, 1934 C	Harry	Mess	(Signed) John M. Morris	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
EEEE NEW YORK WAS VERY	1		- augo ago
	red .		
Other contributory causes of importance:		Other contributory causes of importance:	DATE:
Gallstones	May 1,1923	Gastroenteritis	1 year
		Au I	

STATE OF MARYLAND-CERTIFICATE OF DEATH

nfor- state	STATE OF MARTLAND	CLIVIII ICAIL OF DLATIF
	1. PLACE OF DEATH	(13)
ould ould	County Largalt.	Registration Dist. No.
sho of o	Village Dr City Taccavelle	No. St., / Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
× 00 +	Length of residence in city, or Jawn where death occurredyrs	
Yer [A]	2. FULL NAME of w Finesee Who	lē
RD. Every VSICIANS statement	(a) Residence: No.	St. Ward,
	(Usual place of abode)	If nonresident give city or town and State
RECC PF Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Y. Exa	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DAVORCED (write the word)	21. DATE OF DEATH NOV. 27
T L ed.	5a. If marriad, widowed, or divorced	(Month) (Day) (Year)
A C T assified	HUSBAND of	22. I HEREBY CERTIFY. That I attended daceased from
X A X A class	(or) WIFE of Clda White	Mod. 13 1934 to Mov. 27, 1934
—	6. DATE OF BIRTH (month, day, and year) Jane. 5, / 8	I last saw have alive on 201. 27, 1934; death is said
IS A PE stated E properly certificate	7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the data stated above, a 2.3.0 _ m. The PRINCIPAL CAUSE OF DEATH and related carges of importance
IS A I stated proper	/(0 / 0 ZZ ormin.	were as follows:
IIS pe pe of c	8. Trade, profession, or particular kind of work done, as SPINNER, Laborer SAWYER, BODKKEFPER, etc	Proces for means mosts
#	andustry or business in which	1934
should it may n back	work was dona, as SILK MILL, SAW MILL, BANK, etc.	J
1 m +0	D. Data deceased last worked at this occupation (month and 1930 spart in this years)	
NFADING I oplied. AGE erms, so that instructions of	yaar) cc:upation / cc:upation	Dither Contributory Causes of Importance:
DID So acti	12. BIRTHPLACE (city or town) (State or country)	10-
FA lied ms,		Colores + t = 0 mole 1 1926
DHA	13. NAME Junes While 14. BIRTHPUACE (city or town)	Name of operation Date of
	(State or country) Mules	What test confirmed diagnosis? Was there an au'opsy?
WITE efully in plai	15. MAIDEN NAME Josefina Halin	23. If death was due to external causes (VIOLENCE) fill in also the following:
	16, BIRTHPLACE (cily or town)	Accident, sulcide, or homicide? Data of injury, 19
d be can DEATH	(State or country) mangland	Where did injury occur?(Specify city or town, county and State)
	17. INFORMANT man many marting	Specify whather Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Should OF D	(Address) (Regionar mo.) 18. BURIAL CREMATION, OR REMOVAL	
TE a sl	hearth Curter Japate Har 30, 1934	Manner of injury
-WRITI mation : CAUSE TION is	1 f laylyon	Nature of injury.
CAN	19. UNDERTAKER THE ANGLE OF THE ANGL OF THE ANGLE OF THE	24. Was disease or injury in any way related to occupation of deceased?
œ.	1 - 50 Ame (B) 18 A 00.	(Signer) College Of Dellen. M.D.
Z (T)	20. FILED ST. a. S , 19. 4 St. S. L. S. S. S. S. Revistrar.	(Address) Delour 2nd.

ARGIN RESERVED FOR BINDING

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I			Example II	
The principal cause of death and relat of importance were as follows:	-	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	GEI	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	- 0	1921	Run over by street car	1 week ago
Cerebral hemorrhage	C 6 1	July 5,1927	Peritonitis	3 days ago
18175	MIAH V	- 11		
Other contributory causes of importan	ce:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ä

STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Cassal	Registration Dist. No. 19
Village or City Heyman	No. St Ward
(lif	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or to where deeth occurred	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME William Travel	verget:
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX . 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	Mov. 13 1934
5a. If merried, widowed, or divorced	(Month) (Oey) (Yeer)
HUSBAND of	22 I HEREBY CERTIFY. That I attended deceased from
Williams Lora 19 Welgel	Jet 31, 191 &, to Mor. 13, 1938
6. DATE OF BIRTH (month, day, end yeer) Qer, 2,1864	l lest saw h elive on Mov 1 3 , 19 7 ; deeth is said
7. AGE Years Months Days If LÉSS then I day,hrs.	to have occurred on the date stated above, at 100 p.m.
60 / / grmin.	The PRINCIPAL CAUSE OF DEATH and releted courses of importence were es follows:
8. Trede, profession, or particular kind of work done, as SPINNER 30	
SAWYER, BOOKKEEPER, etc.	Carema J bladder 1932
kind of work done, as SPINNER Cack SAWYER, BOOKKEEPER, etc. J. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Dete deceesed last worked at	
10. Dete decessed last worked at this occupation (north and 10.)	
this occupation wonth and 198 spant in this garden occupation	
12. BIRTHPLACE (city or town)	Other Contributory Canses of importence:
(State or country) many land	Teneral Carcusomatorio?
II 13. NAME Live Wilnel	The state of the s
14. BIRTHPLACE (city or town)	Name of operation Dete of
(State of Country)	Whet test confirmed diegnosis? Was there en au'opsy?
15. MAIDEN NAME Soblia Fagle 16. BIRTHPLACE (city or town)	23. If death was due to externel ceuses (VIOLENCE) fill in also the following:
	Accident, suicide, or homicide? Dete of Injury, 19
E (State or country) Many level	Where did Injury occur?
17. INFORMANT Des Cora of Welsel	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) / daymax Bro.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Gura Chafel Date 17, 1934	Nature of Injury
19. UNDERTAKER Towally & Albangh	24. Was disease or Injury in any wey related to occupetlon of deceesed?
(Address) Woods for I md.	If so, specify
20. FILED Nov. 14, 1934 Mrs. Stea S. Deller	(Signed) Villaged J. M. D.
Registrar.	(Address) Selow Ma

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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E	xample I		Example II	
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVE	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1931	Run over by street car	1 week ago
Cerebral hemorrhage	DEC R IS 4	July 5,1927	Peritonitis	3 days ago
	BUNEAU V.			
Other contributory causes	of importance:	=11	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
		11		

ż

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	46./
County barroll	Registration Dist. No. 75
Village or City Backman Valley	ND. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?yrsmosds.
Quanto HI INSTE	\
2. FULL NAME MANNA / VOME	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemal White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Nov 8 ct 193 ct (Nonth) (Dey) (Year)
5a. If married, widowed, or divorced HUSBAND at (or) WIFE of G. Willer	22. HEREBY CERTIFY. That I attended deceased from 1934 to 1934
6. DATE OF BIRTH (month, day, and year) Freh 18- 1860	t test saw her falive on Claf 20 ,193 4; death is sald
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, at
74 8 20 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related ceuses of importance were es follows:
8. Trade, profession, or perticuter kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc 10. Date deceased lest worked et this preunetion (month and the second in this preunetion (month and the second in this preunetion the second in this preunetion (month and the second in this second in	Carcinoma A Stomach ?
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.	Y.
SAW MILL, BANK, etc	
this occupation (month and 1984) spent in this occupation	
	Other Contributory Causes of importance:
12. BfRTHPLACE (city or town) (State or country)	
13. NAME Samuel Hann	
13. NAME Samuel Ham 14. BIRTHPLACE (city or town)	Name of operation
(State or country)	What test confirmed diegnosis? Phys & arm Wes there en autopsy? No
E 15. MAIDEN NAME Manitela hts	23. If deeth wes due to external ceuses (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Manchela M. 16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT & Wilter Walter (Address) Westmanster Mid	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.
18 BURIAL CREMATION DE REMOVAL	Manner of Injury
Place Backman Barney Dete 11-10 1934	Nature of injury
19. UNDERTAKER Jacob Whise's Saw	24. Was disease or injury in any way related to occupation of deceased?
Harris 21/20 - 20 8 8 0.	(Signed) WRSDenner M.D.
20. FILED (197.10 , 1957 11 12. 14.1). I. Dennie Registrar.	(Address) Manshester Md

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year